

OBSERVATIONS

ON

STRICTURES OF THE RECTUM,

AND OTHER AFFECTIONS

Which diminish the Capacity of that Intestine;

INCLUDING

SPASMODIC CONSTRICTION OF THE ANUS,

THE HÆMORRHOIDAL TUMOURS,

(CALLED PILES)

EXCRESCENCES, AND THE PROLAPSUS ANI:

AND

THE MODE OF TREATMENT,

ACCOMPANIED

With Cases and Engravings.

BY W. WHITE,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, LONDON,
CORRESPONDING MEMBER OF THE LONDON MEDICAL
SOCIETY, AND ONE OF THE SURGEONS TO THE
CITY INFIRMARY AND DISPENSARY, BATH.

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Preface to the Third Edition.

IT affords me great pleasure to observe, that since the first publication of my Treatise on Strictures of the Rectum, the subject has much attracted the attention of practitioners. This indeed was the chief object I had in view, in communicating the result of my experience; for, I felt a persuasion, that the complaint had been frequently overlooked. That such oversights were committed, has been acknowledged with great candour, by

several physicians and surgeons of the first respectability. As an instance, the following passage is selected from a very sensible and ingenious paper,* written by Mr. Coley, of Bridgenorth.

“That many ignorant of their situation, and unassisted, have died of this complaint, there can be no doubt: but the attention which has been lately directed to it, will, I trust, diffuse a general knowledge of it through the profession, and explain the nature of the concomitant disorders, found in the distant parts of the abdominal viscera; and too frequently treated as idiopathick

* A copy of which Mr. C. was so obliging as to send me; which I expected to have seen published before now.

affections, or, like the original disease, when beyond the reach of the finger, considered incurable.”

It is also highly gratifying to me, that the disorder has been detected in several instances, and by different surgeons, before the patients came under my care: so that, in these cases at least, I must be acquitted of having been misled by preconceived opinions.

My experience of this disease, has naturally been much increased, in consequence of the favorable reception with which my published observations have been honored: and my knowledge of the different circumstances connected with the complaint, has hence become more accurate and extensive. An opportunity has thus been afforded of correct-

ing whatever might appear erroneous or defective in my former publications, and of adding such remarks, as I trust will render the present edition more valuable and useful.

The reader will perceive, on perusing the following pages, that I have acknowledged an error into which I had fallen, by supposing that simple stricture was the incipient stage of scirrhus: subsequent experience having convinced me, that the former disease is essentially different from the latter.

In the present edition, I have more particularly stated, what I conceive to be the most frequent predisposing cause of strictures of the rectum: how far I am right in adopting this opinion, future experience must determine.

To avoid increase of expense, several of the former cases are omitted in this edition, whilst others more interesting are added: and I trust, I am not too sanguine in expecting, that the evidences now brought forward, will effectually remove all doubts of the reality of this disease; which the unexperienced or sceptical may have entertained. But, whether this expectation be realized, or not, I have endeavoured to accomplish all that an individual under such circumstances can hope to effect; by submitting to the public, candidly and fully, all that an experience, tolerably extensive, has taught me.

W. W.

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OBSERVATIONS, &c.

SECTION I.

GENERAL REMARKS.

WHEN I first met with a case of contracted rectum, I was very imperfectly acquainted with the disease. But even if I had been more familiar with the phænomena which indicate its presence, I should in this instance, most probably, have at first overlooked the complaint; as the prolapsed state of the gut, and other external appearances seemed quite sufficient to account for the pain, tenesmus, and difficulty in voiding fæces that were suffered by the patient. More alarming symptoms however supervening, I was led to examine the rectum, where a stricture was discovered. As this case proved fatal very soon after, the event made a deep impression on my mind; and in all cases that have since occurred,

where there has been the least suspicion of mechanical obstruction in the lower part of the intestinal canal, I have been extremely careful to ascertain the state of parts by actual examination; and have thus detected the existence of stricture, in many cases, where it must without such examination have remained undiscovered. Whenever therefore I meet with a prolapsus of the gut, hæmorrhoidal tumors, or a contracted state of the sphincter ani, accompanied with the symptoms above mentioned, I consider it my duty carefully to examine the rectum, not only with the finger, but with a bougie of considerable length. For though it may be readily admitted that such local appearances are sometimes primary affections; yet a cautious examination of the canal under such circumstances can never do any harm. Whilst a stricture remaining undiscovered may be attended with fatal consequences.

It must be acknowledged that a coarctation of the lower part of the intestinal canal from different causes, such as the pressure of tumors, schirrus, and excrescences, has been noticed by several of the older writers, particularly Wiseman, Morgagni, Rusch, Boerhave, &c. and also more recently by Mr. Pott, and Sir J. Earl.* Never-

* The reader will meet with some useful remarks on internal hæmorrhoidal excrescences, and some valuable cases, in Sir James Earl's last edition of Mr. Pott's works.

theless, the descriptions given of the symptoms arising from these different causes which produce a diminution in the capacity of the intestine, are so very defective, that the relation of the several cases which we meet with, lose much of the interest and importance they would otherwise possess.

The profession is therefore greatly indebted to Dr. Sherwen, as the first person who has given a complete history of the symptoms of contracted rectum, arising from schirrus: which was published in the second volume of the memoirs of the London Medical Society. But, although the symptoms of the disease in its advanced stages, are detailed with great accuracy and minuteness, I cannot help observing, that it does not from Dr. Sherwen's description appear that he was acquainted with the disorder under the form of simple stricture. The following unfavorable prognosis will I think justify this inference; he observes, "the disease comes on in the most gradual and imperceptible manner; slow in its progress, but terrible in its consequences; it yields not to medical assistance, but must under the best management become ultimately fatal."* "It however admits of pallia-

* This is certainly true as it respects the scirrhus-contracted rectum, but not so with regard to simple stricture.

tion, and if early discovered, will also admit of the last moments of the patient being rescued from unavailing, mistaken, and distressing attempts to cure. It is therefore an object of the most serious attention of the humane practitioner."

Perhaps it has been chiefly owing to the habit of associating the idea of schirrus, with that of a contracted state of the alimentary canal, that simple stricture has not been more generally known. This was certainly the case with regard to myself, for when I first communicated my experience through the medium of the London Medical and Physical Journal, (vol. xxii.) all the cases were included under the general term schirro-contracted; from my having formed an opinion, that although some of the cases at the time did not possess the proper character of schirrus, yet that this was only owing to the disease being detected in the incipient stage; and not from any essential difference in the nature of the disorder. My adopting this opinion was natural, not only on account of the limited experience which I then possessed, but because the only source from whence I could possibly derive any satisfactory information on the subject, gave no intimation whatever, of the complaint existing under any form than that of schirrus. Subsequent experience and observation however, convinced me, that the opinion

which I had embraced was erroneous; as an essential difference between simple stricture and schirrus of the rectum, has been satisfactorily proved in various instances, from manual investigation; from the favorable result of numerous cases, and likewise from examinations after death.

Some eminent practitioners are of opinion, that strictures of the rectum, not only frequently occur, but also that the disease is commonly within reach of the finger. Others again believe the disorder to be rare, because it is so seldom within reach. My own experience coincides with the first of these opinions, so far as it relates to the frequency of the complaint; but as to its being generally within reach, this is certainly not a fact. I would wish it however to be understood, that I confine this remark to simple stricture only; because it must be allowed that a schirrus state of the rectum is commonly within reach of the finger. With regard to the latter opinion, it has been founded obviously on a misconception of facts, for in nine cases out of ten, the disease though existing, cannot be detected by the finger alone. It is therefore probable, this contrariety of opinion has originated from want of a proper discrimination of the different modifications of the disease.

The more this complaint has fallen under my notice, the less am I surprised at its being so frequently over-

looked ; for if strictures of the urethra are capable of exciting morbid action, in distant parts of the system, as appears to have been satisfactorily proved, from the experience of the most respectable practitioners :* we need not then wonder, that an analagous disease in a part connected by continuity of surface, with the important organs of digestion, should excite a train of actions even more numerous, complicated, and uncertain.

“It is probable, (says Dr. Kinglake) that diseases of every description, however general may be their aspect, have generally on their onset a local origin. The morbid sympathies generated by the failure of healthy action in the digestive and secreting functions, are various and severe ; and often assume an originality of character, that imposes the aspect of idiopathic affection. It is of practical importance to make a correct discrimination on those occasions, that the remedy may be applied to the cause, instead of being unavailingly directed against an effect.”†

Practitioners who are not acquainted from actual experience, with the disease under consideration, will be apt to attribute the symptoms of its early stage, either

* Particularly Sir Everard Home and Mr. Abernethy.

† These remarks were published some time ago in the London Medical and Physical Journal.

to habitual costiveness, piles,* stomach complaints, or bilious obstructions; and to impute those attendant on its more advanced progress to chronic diarrhœa. Hence it happens, that a prominent symptom is liable to be mistaken for other morbid affections of the alimentary canal; which proves the great necessity there is for a careful and minute investigation, where such a resemblance of symptoms occurs.

What Dr. Sherwen has so justly observed with regard to schirrus of the rectum, is likewise strictly applicable to simple stricture.—“There is no disease (he says) to which the human frame is incident, that is more liable to be misunderstood. Diarrhœa, dysentery, tenesmus, cholic, painful distension of the abdomen, inflammation of the bowels, and iliac passion, which are each of them formidable, and often fatal in themselves, may be successive symptoms of the schirrus rectum. Under some one of these appearances it is highly presumable that many patients have died without the real cause having ever been assigned or suspected, and even when it is suspected and becomes an object of

* *Quin credo inter causas cæteras, quare hoc vitium, quamvis fortasse non ita rarum, paucioribus innotuerit, nec feri nisi serius, immisso tandem digito, agnoscatur præcipuam illam esse, quod ægri et medici nihil plerumque subasse mali; nisi hæmorrhoidum, arbitrentur.*

SECTION II.

ON THE DIFFERENT FORMS OF CONTRACTION.

ALTHOUGH it is the consideration of simple permanent stricture of the rectum, to which I more particularly wish to direct the attention of the young practitioner; yet, as a contracted state of the passage occasionally exists under other forms, I shall notice such as have either come within my own observation, or have occurred to other practitioners.

The most simple form of contraction which we meet with in the lower part of the intestinal canal, is that produced by spasm; which consists in an inordinate degree of contraction in the muscular coat of the intestine, excited by some irritating cause. It happens however in ordinary cases, that the spasm ceases as soon as the exciting cause is removed. But when there is a frequent repetition, or a long continuance of the exciting cause, a permanent state of spasmodic stricture may be induced, and remain even after the exciting cause has ceased to act.

Though it is evident any part of the canal may be

liable to spasmodic constriction from the nature of its structure, and the office to which it is destined ; yet the complaint is found by experience to happen most frequently towards its lower extremity. Very often a permanent spasmodic constriction occurs at the sphincter ani ; but, as Dr. Baillie* justly observes, it has been very little noticed by practitioners. In those cases which have come under my observation, the sphincter has appeared much thicker and broader than it is naturally ; so that the distance between the external and internal margin of the muscle (called by Dr. Baillie internal and external sphincter) is greater than in a state of health ; at the same time there does not appear to be any other alteration in the structure of the part, for when the finger is admissible into the rectum, the inner membrane has a healthy feel. The spasmodic action in some instances may be only occasional, at other times the constriction becomes permanent ; but even then the muscle contracts still further on introducing the finger, which sometimes renders it extremely difficult, and on some occasions altogether impracticable. I have likewise found the external sphincter to be in a relaxed condition, whilst the

* A case with some very important remarks on this complaint, is published in the fifth volume of the Transactions of the Royal College of Physicians, by Dr. Baillie.

manual investigation, may be easily mistaken for an enlargement of the prostate gland or schirrus uterus.

An opinion has been held that women are more subject to this disease than men. With this however my experience does not agree, as the greatest number of those by whom I have been consulted were males; yet, I would not even from this infer, that men are more liable.

Although no age or sex appears to be exempt from this complaint, yet it does not come so frequently within our knowledge, until persons have arrived at the meridian of life; the number afflicted at that period has certainly been much greater than at any other, at the same time it is proper to notice that even in several of these cases, symptoms of the disease had been experienced at a very early age.

As the following observations of Sir Everard Home, relative to the formation of strictures in the urethra, are so very applicable to strictures in the rectum, I shall avail of them as they well tend to illustrate the subject under consideration. After endeavouring to prove the contractile power of the urethra, which no one can doubt, although the actual existence of muscular fibres has not been ascertained in the urethra, Sir Everard observes, "This contraction and relaxation form the natural and healthy actions of the urethra, but as this

membrane, like every other muscular structure, is liable to a spasmodic action, which produces a degree of contraction beyond the natural; and in that state the canal loses the power of relaxing until the spasm is removed. When this happens it constitutes a disease, and is termed a spasmodic stricture. While a stricture is in this stage, it is only a wrong action of the membrane of the urethra; and if the parts should be examined in their relaxed state, there would be no appearance of disease. When a portion of the urethra is disposed to contract beyond its natural easy state, this disposition commonly increases, till the part becomes incapable of falling back into a state of complete relaxation, and the canal always remains narrower at that part."

"In this stage it is both a permanent stricture and a spasmodic one. It is so far permanent, that it is always narrower than the rest of the canal, and so far spasmodic, that it is liable to contract, occasionally in a still greater degree. A stricture in the urethra, whether in spasmodic or permanent state, is a contraction of the transverse fibres of the membrane which forms that canal. When this contraction is in small degrees, it appears upon examination after death, to be simply a narrowing of the canal at that part; but when the contraction is increased, it becomes a ridge projecting into the canal; this last is the appearance of what is understood by a permanent stricture."

internal has been spasmodically constricted.* In various instances where simple stricture has occurred a few inches within the rectum, I have observed a disposition to spasmodic constriction at the anus, though in so slight a degree, as not to excite the particular attention of either the patient or the practitioner; yet however, sufficiently obvious to induce me to think, that in more violent cases of that nature, the superior stricture is commonly the cause of the spasmodic constriction which takes place at the sphincter; having only met with one instance of the latter, unaccompanied by a stricture higher up. Whenever therefore, a spasmodic constriction at the sphincter is discovered, it becomes highly expedient to ascertain the state of the passage above, by introducing a bougie not less than ten or eleven inches in length, and of a diameter adapted to the degree of constriction at the sphincter; for if an obstruction should remain higher up the passage unexplored, any attempt to remove the constriction below, will prove of little avail. Sometimes the constriction is attended with a fissure at the anus, which seems to be nothing more than the skin giving way in consequence of the violent straining of the part, as

† From which it would seem as if the muscular fibres were sometimes distinct, and did not intermix with each other—the terms external and internal sphincter may therefore be used with propriety. Some of the French Surgeons have also considered it as two distinct muscles.

the effort to pass a motion in such cases is very great, and when the complaint occurs in this situation, it is far more painful and distressing, than either a simple or spasmodic stricture higher up the gut. Sometimes the constriction of the sphincter is attended with soft bluish hæmorrhoidal tubercles, which surround the anus and greatly aggravate the complaint.

As the observations of Dr. Baillie on a case of spasmodic constriction are so very interesting, I shall beg leave to insert the following passage.

“This case is very different in its nature from the usual stricture of the rectum, and it is of considerable importance, that it should be distinguished from it in practice. In the one case it would be favourable, and on the other it would be generally very much the contrary. Upon a slight degree the two diseases might be confounded, but when accurately examined, they may at all times be clearly distinguished from each other. In both cases the fæces will be found to be flattened in their shape, small in their size, and in some degree, serpentine or twisted; but the other symptoms will be found to be very different. In the common stricture of the rectum, the situation of the stricture is generally two or three inches, above the outer sphincter; and there is a sound capacious portion of the bowel between the stricture and this sphincter. At the seat of the stricture, the coats of the rectum

are felt to be more or less thickened, and not uncommonly in the cavity of the stricture, there is a hard, irregular ulcer. Although this disease has in its early stages, little influence upon the constitution, yet, when it has made a further progress, the powers of the constitution become very much weakened, great emaciation generally takes place, and the patient is destroyed. In the other species of stricture, produced by the contraction of the sphincters of the anus, the contraction is found on examination to be at the anus, or the very lower extremity of the rectum; the inner membrane of the rectum is discovered to be sound, and the general health is not impaired."

In employing the term, common stricture, Dr. Baillie evidently means schirrus of the rectum, and does not in the least allude to a simple state of permanent contraction; as the description and prognosis which he has given of the former, will be found to differ from the latter form of disease in several material circumstances, which will be noticed hereafter.

Sometimes when a stricture is within reach of the finger, it feels like a membranous ring, and where there is considerable pressure from an accumulation of the fæces above, a regular contraction and dilatation of the muscular coat of the intestine may be also distinctly felt. Though this kind of stricture is completely permanent, it may I think with strict propriety be termed

spasmodic, as it is not attended by any sensible thickening or induration in the coats of the intestine, but merely a circular contraction of its muscular fibres. When a stricture of this nature (or simple stricture) has existed some time in the rectum, so as to render the passage of the fæces difficult, the coats of the intestine frequently become very much distended above, and a pouch is formed in consequence of reiterated accumulations. If an examination should happen to be made at the time there is a collection of fæces, the Surgeon may be induced to think what he feels is a tumor in the rectum; because the coats of the intestine are interposed between the accumulated fæces and the finger, except at a point which is not very readily discovered, especially if the Surgeon should not be aware of such a circumstance occurring as this alluded to.* If, however, he continues to prosecute the examination with care and attention, in all probability an opportunity will be afforded him of as-

I was requested about a year ago to visit a lady who lived some distance from Bath, by a respectable Surgeon of the town, who informed me that he suspected his patient had a schirrus tumor in the rectum, from the examination he had made, which so much obstructed the passage that a variety of purgative medicines had been given without any relief being obtained; that she had a great deal of pain from the frequent desire and ineffectual efforts to have a stool. On introducing the finger up the rectum, a large substance was discovered just within its reach, it was round and felt hard, but the inner membrane had a smooth

certaining the real nature of the case ; from the stricture being brought within reach of the finger, but the opening will not be found larger perhaps than barely to admit the top of the finger through it, when not only the action I have before mentioned will be distinctly felt, but also the indurated fæces.

The next form of contraction in the rectum that I shall notice is simple permanent stricture, which occurs more frequently than any other, and unfortunately is more liable to be overlooked, even when the intestine is subjected to an examination. This kind of stricture differs from the spasmodic in being attended with some slight alteration in the structure of the part where the stricture takes place, consisting of a thickening of the coats of the intestine ; though this thickening is not by any means considerable, and in general only occupies a

healthy feel. On desiring the patient to make as great an effort as she could to go to stool, at length a small opening was detected, which barely admitted the finger, when it came in contact with a ball of indurated fæces. I then requested the Surgeon to introduce his finger, when being convinced of the fact, he attempted to break down the hardened ball which he in some measure accomplished, and with the assistance of several injections the collection was removed. A bougie was afterwards passed beyond the stricture (above which the fæces had been lodged) but no other obstruction was discovered.

The relation of this case, I hope, will serve to elucidate the foregoing description.

very small portion in the circumference of the gut ; and on passing the bougie slowly through the stricture, the muscular action may be distinctly discerned, which is not the case when the rectum is become thickened and indurated to any great extent, as commonly happens in a scirrhus state of the intestine.

It may be further observed with regard to the formation of simple stricture in the rectum, that the coarctation does not appear to depend on a morbid change in the inner membrane, which seems incapable of contraction of itself ; but that a diminution in the capacity of the canal is primarily owing to a contraction and gradual thickening of the muscular coat ; for, with respect to the little processes which sometimes grow from the internal membrane, and form a sort of circle round the gut, (as noticed by Dr. Baillie) they are not, in my opinion, to be considered as the origin or immediate cause of contraction, but merely as the consequence of the contracted state of the muscular coat. This condition of the muscular coat being induced, the inner membrane from the laxity of its texture becomes prominent in the passage, and to the repeated irritation to which it is naturally exposed, the process-like appearance is probably owing. It may be observed here, that simple

stricture of the rectum is sometimes attended with prolapsus ani, fleshy excrescences, and hæmorrhoidal tubercles.

Not unfrequently a contracted state of the rectum occurs as a consequence of the venereal disease. When the disorder proceeds from this cause, it generally commences with an appearance either of ulceration, or excrescence about the verge of the anus. The sphincter ani becomes gradually contracted, and the disease extending upwards within the rectum, a considerable thickening and induration of the coats of the intestine take place, which produce great irregularity and contraction in the passage. Sometimes there is a continued line of contraction from the anus, as far as the finger can reach, then terminating in a kind of cartilaginous border, the inner membrane having a thickened and condensed feel. There is often a discharge indicating a diseased, if not ulcerated state of the inner membrane above the contracted portion of intestine. All the cases which I have hitherto met with of this nature, have occurred in females, and they have uniformly proved incurable, when attended with the structural derangement just described.

The rectum is also liable to have its capacity lessened from the formation of tubercles, immediately above the sphincter ani, which are sometimes large, at other

times, small and numerous. These tubercles are very different from the soft, bluish, hæmorrhoidal tubercles which are often found surrounding the anus. The former do not protrude, without the sphincter, and they have an indurated feel : on the contrary, the latter are brought into view, on the patient making an effort to go to stool, and when they retire within the sphincter, there is not the least degree of hardness or inequality to be felt in the rectum. I have not met with many instances of this tuberculated state of the intestine in my own practice, but the cases* mentioned by Mons. Desault, appear to have been of that nature, and most of them evidently proceeding from a venereal cause ; though from the favorable termination of the cases under the management of Mons. Desault ;—it may be inferred that they were neither attended with the same kind, nor with so great a degree of structural derangement, as noticed in the last species of contraction, notwithstanding they proceeded from a similar cause.

Another cause of contraction in the passage of the rectum, is scirrhus, and of all others the most deplorable. The disease under this form has been perhaps more

* And all females—from which it would seem, as if *they* only were subject to contractions in the rectum, from a venereal cause.

generally known to practitioners than any other, as we meet with a variety of cases of this nature, recorded by different writers; and from the complaint being considered incurable, it is to be presumed other cases of contraction have been mistaken for true scirrhus, and on that account abandoned.

It is proper to notice as one distinguishing mark of true scirrhus, that it generally commences not at the lower extremity of the rectum, as in the last mentioned instances of contraction, arising from a venereal cause, but (as Dr. Baillie observes) two or three inches above the outer sphincter, and there is a sound capacious portion of the bowel between the stricture and this sphincter.* The scirrhus commonly surrounds, and sometimes occupies nearly the whole cavity of the rectum, from the extensive thickening and induration of its coats, particularly the muscular; and in the advanced stage of the disease, there is either an abrasion or entire destruction of its internal membrane, attended by a serous, or thin sanious discharge. The severe sufferings of the patient during the progress of this dreadful malady, and its more rapid advance to a fatal termination, will

* I do not mean to infer from this remark, that the disorder may not extend in its progress to the extremity of the gut.

also serve to distinguish it from other species of contraction, when it would be difficult sometimes to decide from mere local investigation.

The following are the appearances discovered by dissection, which are so accurately described by Dr. Baillie, as to render any description of mine unnecessary. "It (the scirrhus) sometimes extends over a considerable length of the gut, viz. several inches ; but generally it is more circumscribed. The peritoneal, muscular, and internal coats are much thicker and harder than in a natural state. The muscular too is subdivided by membranous septa, and the internal coat is sometimes formed into hard irregular folds. It often happens the surface of the inner membrane is ulcerated, producing cancer. Every vestige of the natural structure is occasionally lost, and the gut appears changed into a gristly substance."

It frequently happens in the advanced stage of contracted rectum, that an abscess forms near the anus, and a common fistula is produced on the abscess bursting, which renders it liable to be mistaken for the original complaint; and the operation for fistula is sometimes performed under the most unfavorable circumstances, to the aggravation of the patient's sufferings, because the morbid state of the intestine itself, had been previously overlooked. Sometimes it happens in the female subject that in consequence of an abscess forming, or the intestine

becoming ulcerated, a communication is formed between the rectum and vagina, and the liquid part of the fæces pass through the aperture, and are discharged by the vagina, producing an additional source of distress to the patient.

It is also proper to notice, that the rectum is liable to have its capacity lessened from other diseases in its vicinity, the most frequent of which, is a scirrhus state of the uterus,*—sometimes from an enlargement of the ovarium, or a diseased prostate gland. Morgagni relates a case (from Tulpius) “where the intestine was so depressed by two calculi of the urinary bladder, that being straightened and collapsed, it produced many membranous filaments, which so closely interwove the

* There was lately a woman in the Infirmary, whom Dr. Barlow (Physician to the Charity) requested me to examine; when I found on introducing the finger into the rectum, that a complete obstruction had taken place, from an adhesion of the parietes of the gut to each other, in consequence of the pressure of an enlarged and scirrhus uterus. The fæces had been for a long time discharged by the vagina, through an opening formed between it and the rectum, above the obstructed portion. The patient was also examined by my colleagues, Mr. Soden and Mr. Clifton. To afford some temporary relief in such a desperate case, a small bougie was introduced, and with some force separated the adhering surfaces; at least so far as to allow the fæces to pass the natural way, instead of by the vagina: by which means the poor woman was rendered much more comfortable, although the uterus remained in the same diseased state.

internal parietes of its tube, as to prevent the possibility of its transmitting any excrement." This adhesion or union of the parietes of the gut to each other, has also been noticed by Mr. Copeland. Hence these diseases frequently produce so much obstruction to the passage of the fæces, as to render them liable to be mistaken for an original affection of the rectum.

SECTION III.

CAUSE OF STRICTURE IN THE RECTUM.

MR. COPELAND in his treatise, supposes that stricture of the rectum, like stricture of parts of similar structure, may be produced by whatever excites inflammation, or irritation of the inner membrane of the canal.*

When we take into consideration, the structure and use of the rectum, the very slow progress of the disease in general, and the absence of symptoms which characterize inflammation, we are naturally led to infer that the complaint is produced by some other cause different to that of inflammation.

Mons. Desault remarks “This affection generally arises from an old venereal taint unsuccessfully

* Mr. Copeland is also of opinion, that the disorder is sometimes the consequence of fistula in ano, or the operation for it. I will not presume to assert, that it may not be the consequence of fistula; but I would beg leave to remark, that in the cases which have come under my observation, the disease of the rectum preceded the appearance of fistula: from which circumstance, I am led to believe, that in general, the fistula is the effect of the diseased state of the gut, and not the cause.

treated. “But, however, (he says) there are other causes which tend to produce this disease. Hæmorrhoids in a violent degree, rheumatism, gout, darts and other cutaneous diseases, when they affect this intestine, produce in it irritation and swelling, to which, from its structure and position it is peculiarly subject.” Morgagni and others were also of the same opinion, that the complaint was the effect of the venereal virus.

No doubt, a contracted state of the rectum sometimes proceeds from that cause, as has been already noticed ; but the instances are very few compared with those of simple permanent stricture, where no such cause can possibly be assigned.

It is a circumstance well known to practitioners, that many persons are subject to habitual costiveness ; but it appears to me, that the cause of such a state, has been too indiscriminately referred to a torpid or inactive state of the intestinal canal ; arising (as it has been generally supposed) from a deficiency of the natural secretions, but more particularly the biliary. In old people, in delicate and debilitated constitutions, but more particularly where purgative medicines have been injudiciously administered, there may be some reason for adopting this opinion. But, there appears no just ground whatever for concluding, that in a vigorous, and otherwise healthy person, and perhaps very young too, (which is

often the case) habitual costiveness should under these circumstances occur, from mere local torpor or inactivity ; especially if the natural stimulus of the bowels, (the bile) should not be obstructed in its passage to the intestines.

In those cases of obstinate costiveness, which are known so often to baffle the attempts of medical men, is it not rather surprising, that the existence of a mechanical impediment, should not strike the mind of the practitioner, when he has so frequent occasion to lament the inefficiency of the means he employs, and that his own efforts prove as unavailing as those of his medical brethren, to whom the patient had previously applied ? Although it would be absurd to suppose that every case of habitual costiveness, proceeded from a mechanical obstruction of the passage ; yet from various conversations I have had with different sensible persons, (some medical) who laboured under strictures of the rectum, I am much inclined to think, that the most frequent predisposing cause, is the gut being somewhat narrower about the termination of the sigmoid flexure of the colon, than it ought to be, for the purpose of allowing a free and easy passage to the fæces. I was led to this opinion in consequence of patients having so often stated to me, that so long as they could remember, they never had a natural motion, without experiencing more or less difficulty. It will then appear obvious, that

if the passage should be preternaturally small, it must necessarily form an impediment to the free discharge of the fæces, and thus a foundation will be laid for a greater degree of contraction, as reiterated pressure from the accumulation of fæces must tend to enduce a spasmodic action of the intestine, and this for a length of time repeated, may ultimately produce a more permanent state of contraction, increasing in proportion as the part becomes more deranged in its organization.

In stating what I conceive to be the most frequent predisposing cause of strictures in the rectum, I do not mean to exclude other circumstances which may contribute to produce the disease: for it is evident the intestinal canal must be liable to have its peristaltic motion deranged from various causes, such as acrid substances taken into the stomach, a morbid state of the secretions,—more especially the biliary; which by inducing an increased vascularity of the mucous membrane of the intestine, may prove an exciting cause of stricture, agreeable to the observation of that eminent and distinguished physician, Dr. Parry,—“In many cases of dyspepsia, (he says) the primary disorder exists in the colon, the villous coat of which, appears to be affected with morbid sensibility, unspeakable uneasiness, burning heat, and all those other circumstances, which have been

described as occurring in the stomach. This state is very apt to run into inflammation, and, is I believe a frequent origin of strictures in the intestine." Though I perfectly agree with Dr. Parry, that an inflamed state of the mucous membrane, may sometimes prove an exciting cause of stricture, by inducing a spasmodic action of the muscular coat of the intestine ; yet, I am convinced from attentive observation, that a disordered state of the colon, very similar to what he describes, is frequently the effect of stricture near the termination of the colon, or in the rectum. The ceasing of these symptoms when the mechanical obstruction is overcome, affords the strongest proof that the opinion is well founded—this fact having been witnessed in a variety of cases. As Dr. Parry very justly remarks, the secondary affection is often mistaken for the primary, and this, I apprehend to be another reason why strictures of the rectum are so frequently overlooked ; for it often happens that the patient suffers more pain and uneasiness from a deranged state of the colon, as a consequence of stricture, than at the stricture itself ; which is occasioned by the colon being repeatedly distended from accumulation of fæculent matter, owing to the difficulty of the fæces passing through a part naturally too narrow, or become so by the formation of a stricture. Hence the colon is weakened, rendered

irritable and spasmodic; and from repeated distension, it becomes greatly enlarged in its capacity.*

The following extract from a case of fatal obstruction in the bowels, published in the Transactions of the London Medical Society, by the able and learned president; very much tends to confirm what I have suggested respecting a distended state of the colon, as a consequence of stricture. “Marks of active inflammation were found in the whole course of the intestines, especially in the jejunum, which had proceeded almost to a state of gangrene. Both large and small intestines were distended with air and fæculent matter; the colon was found greatly *enlarged*, and full of fæces. But the chief morbid appearance was a stricture in the rectum, about four inches from the anus, which so completely shut up the canal, that not even fluid matter could pass.”

The president has likewise mentioned a circumstance which is worthy of notice, “Most people, (he says) are in the habit of evacuating the bowels at one certain hour in the day, if any accident prevent it, the disposition will after a certain age, cease till the same hour on the following day. The delicacy of the English,

* In a case related by Dr. R. White, he observes that the whole of this gut was enormously distended, measuring not less in any part than twelve inches in circumference.

and particularly of females is well known, and often subjects them to this inconvenience. May not the lodgement of fæculent matter, retained sometimes by the muscular action of the sphincter, and sometimes perhaps, by the contraction voluntary or involuntary, of some part of the intestinal canal, induce a permanent contraction, either by the effusion of coagulated lymph, or by a mere irregularity in the peristaltic motion?" A case is added which seems to justify such an inference.

It may be also remarked, that the glandular structure of the rectum may form the predisposing cause of scirrhus, consonant to what Dr. Baillie has observed: "There is certainly more of glandular structure in the inner membrane of the great intestine, towards its lower extremity than any part of it; and this sort of structure has a greater tendency to be affected with scirrhus, than the ordinary structure of the body. The gut, too, is narrower at the sigmoid flexure than any other part, and therefore, will be more liable to be injured by the passage of hard bodies; these by their irritation, may excite the disease of scirrhus in a part which was predisposed to it."

Before I conclude this part of the subject, there is a circumstance which I think deserving of notice, and that is, a tuberculated state of the liver, which was discovered on dissection in two cases; a fact, I believe not

hitherto noticed, as occurring in combination with a contracted state of the rectum. And, moreover, there appears to me some reason for supposing, such a diseased state of the liver not an accidental occurrence ; for it is to be observed, that in other cases there has often been an evident derangement in the biliary secretion. . And it is also worthy of remark, that in different instances, the introduction of the bougie has proved a stimulus to the biliary secretion, where that had been previously defective. As a confirmation of the preceding remarks, there is a case of diseased rectum, published in the second volume of the Memoirs of the London Medical Society, by Dr. Lettsom, which was accompanied by a suppuration of the liver. After describing the morbid appearances of the gut, he says, “The texture of the small lobe of the liver, and almost the whole of its substance, was destroyed by a large abscess, which was just ready to burst into the abdomen, and which contained a pure white pus.”

SECTION IV.

ON THE DIAGNOSIS OF THE DISEASE.

IN describing the symptoms of contracted rectum, it is necessary to premise, that, however accurately the diagnosis may be given, it will, nevertheless, be impossible to ascertain its existence, but by actual examination. The great similarity of symptoms arising from other causes, affecting the alimentary canal, I must acknowledge, renders the pathognomic signs of this disease precarious and uncertain, but more especially those attendant on a scirrhus of the uterus: and there are instances, where, even on examination, a scirrhus of the intestine has been mistaken for a scirrhus of that organ,* and *vice versa*.† Symptoms of the contracted

* A physician of great eminence in London, much conversant with female complaints, informed me that his opinion had been requested in a case which had been deemed a scirrhus of the uterus, by two surgeons of respectability, who had been previously called in. On examination he was very much surprised to find the uterus was not in a diseased state, but that the disease was a scirrhus of the rectum.

† Some time ago I was requested to meet two medical gentlemen of this city, to examine a lady who was supposed to labour under a contraction of the rectum; but on investigation, I found the uterus com-

rectum in the female, are so similar to that of a scirrhus uterus, that I do not know any mark whereby the one disease can be distinguished from the other, excepting that in the latter, the urinary bladder is more liable to be affected than in the former; though sometimes pain and difficulty in discharging the urine attends that also.

I shall however, endeavour to point out in as clear a manner as I am able, those symptoms, which from my own experience, and that of other practitioners, appear to be most discriminative of the disease in its different forms; but more particularly simple stricture.

The history of cases clearly proves its insidious nature, and the slowness of its progress. A person may perhaps be affected with symptoms of stricture for several years, but the inconvenience he experiences is so trifling, that he is not induced to pay any particular regard to his situation, especially if he be able to follow his occupation as usual: and not finding any sensible declension of strength, he does not in the least suspect, that the symptoms by which he is occasionally annoyed, are the precursors to as distressing a malady, as any to which

pletely scirrhus, and so much enlarged as to fill up the whole cavity of the vagina; which had so compressed the rectum, as to occasion many of the symptoms attendant on an original contraction of the gut, which no doubt led to the mistake.

the human frame can possibly be subject. At length, however, his sufferings increase, and he is compelled to seek for aid. But alas ! even then, it too frequently happens, that the complaint is overlooked, and mistaken for some other disease. Hence we may venture to assert there is no one disorder, the knowledge of which is of more importance, than that under our present consideration.

The symptoms more particularly indicating the presence of stricture in the rectum, are, habitual costiveness, occasional uneasiness, arising from a sense of fulness in the course of the transverse arch of the colon, but more especially towards the termination of its sigmoid flexure, chiefly occasioned from wind meeting with some obstruction to its passage downwards.* The patient is often sensible of the aggravation of this symptom, from a variation in the quality or quantity of his food. Sometimes the fulness may be felt externally, in the course of the sigmoid flexure of the colon. Although this symptom frequently happens to be the first to arrest the patient's attention, and continues some time, before

* In consequence of this, eructations are often extremely distressing; particularly in one case, where the stomach was so oppressed with wind, that the pulse frequently became intermittent, until the stomach was relieved from the flatulence.

any particular local inconvenience is experienced from the passing of the fæces ; yet, I would observe, this by no means invariably occurs ; for I have known some instances of stricture, where that symptom was not at all conspicuous. Besides the sense of fulness just noticed, other sensations are often excited in the course of the colon, viz. acute pain, a sense of pressure when the fæces accumulate above the stricture—violent spasmodic contractions in different parts of the intestine, which usually happen after the colon has been exerted in expelling the fæces. Sometimes the patient feels as if tightly girded with a cord. It may be proper to notice, that these different sensations are in general aggravated, in proportion as the stricture is seated high up in the rectum. Sooner or later, the patient experiences an uneasiness on going to stool, attended with difficulty in voiding the fæces. As the disorder advances, the alvine excretions become gradually more scanty, the fæces are smaller-figured* than those which are natural, and are often discharged with a squirt, sometimes accompanied by a sudden and loud explosion of wind.† After an evacuation a sensation commonly continues for some time, as if the whole

* Sometimes they are flat, at other times of a triangular form.

† This often takes place on introducing the bougie, from the wind being pent up above the stricture.

of the fæces had not been expelled ; this by degrees goes off, and the patient feels himself tolerably easy, until the next time of going to stool, when a similar sensation recurs. This kind of tenesmus; however, is not so distressing as that which occurs in the advanced stage of scirrhus, after a diarrhæa has come on.

With regard to the lessened diameter of the fæces just noticed, which must necessarily be the case, whenever a permanently contracted state of the gut takes place ; yet it has happened, in some instances, where that change had been observed, that in a more advanced period of the disease, fæces of a natural size had occasionally passed. The knowledge of this circumstance, I consider of importance, inasmuch as, if properly attended to, it will prevent the practitioner from hastily concluding there is no stricture, merely from an examination of the evacuations ; when symptoms may otherwise indicate the presence of the disease.

If the stricture should happen to be so low in the rectum, as not to allow room for the accumulation of fæces, it must appear evident that they will be found uniformly small in diameter, (in proportion to the degree of stricture) while they continue to be discharged in a figured-state. And also, when the stricture is high up in the rectum, so long as the gut below retains its natural

expulsive power, an accumulation will be prevented, and the diminished size of the fæces will continue. But, as the disorder increases, the inferior portion of the intestine gradually loses that power;* and when the contraction becomes considerable, a small quantity of fæces only pass at a time through the stricture, and not being sufficient to stimulate the lower part of the rectum, (which in a great measure is deprived of its natural action) an accumulation goes on from time to time, until at length it becomes difficult to remove:† and on these occasions, fæces of a natural size have been sometimes discharged. This was particularly conspicuous in the XII case, where fæces, as large as the natural diameter of the gut, passed a few days previous to the death of the patient; in which form, it was impossible to have passed the stricture.

* What materially contributes to lessen this power, is the interruption of the peristaltic motion (so essential to the expulsion of the fæces) at the stricture, which must necessarily take place in proportion to the degree of contraction, and deviation from the natural stricture of the part. Patients have often expressed themselves surprised at their inability to expel the fæces when not indurated. What is just stated, affords a sufficient explanation.

† Sometimes even to require manual assistance.

Pain of the back about the sacrum, is a very common attendant on strictures in the rectum, and sometimes a primary symptom; the pain frequently shoots down the thighs, and I have known one instance where it extended down to the soles of the feet, so as to render walking extremely painful. I was convinced the pain arose from the stricture, not only because a similar sensation was induced when the bougie reached the strictured part, but in proportion as the stricture gave way, the pain went off. There have been, however, instances of stricture, where the symptom now noticed has not occurred.

Hæmorrhage very frequently takes place in strictures of the rectum, and sometimes the quantity of blood discharged is very considerable. At other times there is a mucous discharge.

Pain in the head, especially towards the occiput, is another very common symptom attendant on the complaint. I was not aware of this until an eminent physician, who laboured under strictures, consulted me, and being afflicted with severe headachs himself, enquired if I had noticed that symptom in persons labouring under this disease. Recollecting two cases, in which the patients had occasionally complained of their heads, I informed him of the circumstance, at the same time

observing, that I did not consider that symptom at all depending upon the state of the intestine. I have, however, so frequently met with it since, that I have no doubt now of this being the fact.

The pain experienced in a state of simple stricture is not constant, but only felt at the time of the patients going to stool, or when there is an accumulation of wind, or fæces pressing upon the strictured part.

In a scirrhus state of the rectum, the sufferings of the patient are not only more severe, at the time of voiding the fæces, but there is also at other times, great pain about the sacrum, often shooting down the thighs; as well as a sense of burning heat, and pain in the rectum. Dr. Sherwen in his description of the disease, observes, “The patient gradually experiences a difficulty in evacuating fæces of a thin consistence. There is a principle of accommodation in the human system, which enables him to go on for a great length of time, without applying for aid. As the passage becomes obstructed, the fæces acquire a thinner consistence, and the first complaint which he makes is of a looseness.”

I shall here take the liberty of remarking on the preceding passage, that although it may be very true, that the disorder sometimes arrives at the above mentioned stage, before any application is made for relief, yet it

does not follow from thence, that a diarrhæa is a primary symptom ; because, the history of cases clearly demonstrates, that the complaint in general, does exist for a considerable length of time before a diarrhæa comes on : and I believe, it will be commonly found in a very advanced stage, whenever a spontaneous diarrhæa * takes place.

Dr. Sherwen further remarks, “ He, (the patient) continues in other respects apparently in good health, his appetite is but little impaired, reiterated scanty evacuations, amounting in the whole to a sufficient quantity to keep the stomach easy, preserve a sort of balance in the intestinal canal : but by degrees, the cavity of the gut becomes less permeable : opiates and testaceous powders have perhaps, been had recourse to, and the frequent needing to stool abates. The patient, and his friends, flatter themselves he is getting well ; but he soon falls off in his appetite for food. The absence of stools is for some time attributed to this cause, till the lower

• This arises from the passage being so much contracted, as not to allow the fæces to pass, until they are previously dissolved above the contraction. Under this appearance of purging, I have often seen such a large quantity of thin fæces discharged after a dose of castor oil, or the administration of an enema, as to make one conclude, that scarcely any thing could have passed for weeks.

part of the abdomen, by degrees acquires a remarkable prominence, attended with uncommon rumbling of wind in the belly, like gurgling of water in a bottle.* These two last circumstances, perhaps, afford pathognomonic signs of the disease; especially when accompanied with frequent, but scanty discharges of thin dark-coloured slimy fæces; often not more than a tea-spoonful, seldom exceeding at one discharge a larger quantity than a table-spoonful. By degrees, a total suppression of stools takes place, the tumour of the abdomen increases, the uncommon rumbling of wind becomes more audible, so as to engage the attention of the friends and visitants of the patient. The distention gradually increases till the stomach is oppressed, and a vomiting comes on. The vomiting is not very frequent at first, but by degrees, every thing swallowed is vomited up. Severe pains are felt from distention in various parts of the abdomen, and a true Iliac passion† of the chronic kind comes on, and

* This symptom has not been so conspicuous in any case that has fallen under my notice; and Dr. Robert White observes, in a case related by him, that the gurgling rumbling noise, considered by Dr. Sherwen as particular marks of this disease, were so trifling, as not to be regarded until a total obstruction took place.

† Iliac passion sometimes supervenes in simple strictures, as well as in scirrhus, and I have no doubt but a great number of persons die without any suspicion of the cause.

continues as long as the patient lives, unless he is accidentally relieved by a free discharge of thin fæces, which will sometimes, unsuspectedly, give a respite to his sufferings. In consequence of which, the appetite for food will again return; the patient will again appear to be getting well; but the anxious solicitude of his friends at this period, will urge him to get down a considerable quantity of generous nourishment, till a repetition of the same scene takes place, and the unhappy man is alternately tantalized and worn out, either with a stoppage or a purging.

“If assistance is not called in till the patient arrives at this deplorable state of the disease, the want of stools, the great pain, vomiting, and tenseness of the abdomen, may be pronounced an inflammation of the bowels, or an iliac passion of the acute kind. If powerful means are employed under such idea, it is easy to conceive that the last moments of the patient must be rendered doubly distressing.”

Although this disease does undoubtedly sometimes terminate in the manner so accurately described by Dr. Sherwen; yet, in some of the cases which have come under my observation, and proceeded to a fatal termination, the symptoms of iliac passion did not supervene; but the patients were gradually exhausted from pain and debility.

The following is particularly worthy of attention, because it will assist the practitioner in discriminating this disease from a common dysentery.

“The constant needing to stool which attends this disorder, may be distinguished from a common tenesmus, by attending to the following circumstances. A common tenesmus is generally sudden in its attack, or it follows more purgings or dysenteries, where the preceding circumstances have been well defined. It is often the consequence of drastic cathartics, and is always attended with considerable pain, and most frequently with a mucous discharge tinged with blood, instead of fæces; whereas, that which accompanies the scirrhus rectum is attended with little or no pain, but with powerful ineffectual strainings; during which, there will be often a discharge of wind; and the mucus squeezed out is slimy, but always more or less black, and excrementitious, very seldom tinged with blood. In the common tenesmus, the impetus seems entirely spent on the sphincter ani, and there is more or less of a protrusion of the gut; but in the straining, from a scirrhus rectum, the patient is not sensible of that distress at the fundament which is experienced in the other, and as soon as a small portion of excrementitious mucus is voided, he is able to rise immediately from the stool; but in the common tenesmus

he is under the necessity of straining long, even after the expulsion of all that he knows, from his feelings, will at that effort be evacuated ; and after he is able to rise from the stool, there still continues a burning pungent sensation, urging to a continual expulsion. Whereas, in the tenesmus, of which I am treating, after the patient has strained hard, whenever a small quantity arrives at the anus, it is squirted out with slight efforts, and little or no uneasiness follows ; nor does the countenance shew that extreme distress attendant on a spasmodic stricture of a common tenesmus.”

It may also be observed, that there is very little emaciation of the body or loss of strength, until the disorder is far advanced ; the countenance then becomes sallow, and in some instances the pulse is quick, accompanied by other hectic symptoms.

SECTION V.

ON THE MODE OF EXAMINATION, AND THE SITUATION WHERE STRICTURES ARE COMMONLY MET WITH.

IF proper attention were paid to the symptoms of contracted rectum, given in the preceding description, there is no doubt but the disorder would be often detected, in its early stage ; a circumstance of great importance to the patient. Whenever the practitioner has a suspicion of the existence of the complaint, there is no other way of ascertaining it but by actual examination ; which ought to be performed in the most careful and attentive manner : seeing from what has already been noticed, the possibility of mistaking it, either for a diseased prostate gland, or scirrhus uterus, especially as observed by Dr. Sherwen, respecting the latter disease : “If the hardness and tumefaction is attached to the cervix uterus, or back part of the vagina.”

In prosecuting the examination, the first step to be taken, (after the bowels have been freely opened,) is to introduce the finger as high up the rectum as possible,

desiring the patient at the same time to make an effort to go to stool ; by which means, sometimes, the stricture may be discovered. But, if the examination should be first made, by introducing a bougie, (especially if small) the instrument may chance to be pushed between the folds of the intestine, particularly if there should be a considerable laxity of its internal membrane, and the practitioner be then led to suppose, that there is a stricture, when in reality none exists. It may also be observed, that in several cases which have come under my care, the disorder had been overlooked, because the surgeons who examined the patients, not finding any disease within reach of the finger, concluded that no stricture existed.

If however, on introducing the finger neither stricture, nor induration* can be discovered, a large size bougie† must then be introduced, and passed up as high

* I always consider this a favorable circumstance, as a scirrhus state of the intestine, is generally within reach of the finger.

† I cannot help expressing my surprise at surgeons attempting an examination of the rectum, with a urethra bougie ; so contrary to the principles laid down for examining the urethra under a similar disease. It is true the passage sometimes will not admit of a larger size ; but certainly the examination should be first made with a bougie, corresponding to the natural diameter of the gut.

as the colon ; which will be readily done, if there be no obstruction in the passage : because there may be a stricture at that part of the gut only, although we often meet with one two or three inches lower. This I believe will generally be found to be the case, when the superior stricture has been of long standing, which is analagous to what happens in strictures of the urethra, as hath been noticed by Sir Everard Home, in his practical observations on the treatment of that disease. “ When the original stricture, at seven inches, has been long standing, there is almost always another formed, about an inch further on ; in the interior part of the urethra, and too often a third, about three inches from the external orifice. Whenever strictures are met with in these situations, there is reason therefore, to consider them as consequences of one which has been formed for a longer time, nearer the bladder.”

The situation in which we meet with strictures in the alimentary canal is most commonly about the termination of the colon ; this may be reasonably expected, when we take into consideration that the gut is naturally more exposed to pressure at its curvature ; (where its diameter is generally least) and at the projection of the sacrum,* from the accumulation and passage of hard-

* Although, sometimes the projection is very considerable, yet I cannot conceive how that can possibly be mistaken for a stricture, (as

ened fæces, than any other part of the canal: Although I have just stated that when a stricture is discovered in this situation, there is often another a few inches lower in the gut, yet, I must beg leave to observe this does not uniformly happen, having met with several cases of stricture about the termination of the colon, where there has been none lower in the intestine. And sometimes strictures have been found between three and four inches from the anus, where there has been none higher. I once met with a semicircular contraction about two inches from the anus, which occupied the posterior portion of the gut; perhaps in the course of time it might have extended entirely round the intestine.

The following remarks of Dr. Willan, are worthy of particular notice, as they are interesting and important; which prove the great attention he had paid to the subject.

“Strictures, (he says) take place in different situations; but they occur so frequently about the sigmoid flexure of the colon, near its termination in the rectum, that this part should be carefully examined in every case of a total obstruction. The insertion of an unyielding tallow candle though often practised, has been gene-

asserted by Mr. Copeland) by any person who is at all acquainted with the anatomy of the part, or in the habit of employing a bougie; as the sensation occasioned by the resistance is so very different.

rally found painful and inefficacious. It is requisite for the purpose to employ a bougie thirteen inches long, and of a proportionate strength; which should also be directed, with a nice hand, by a skilful surgeon. I lately saw a lady thus relieved, who had been twenty-six days without any evacuation from the bowels, and who seemed nearly exhausted by violence of pain, and distension of the abdomen, incessant vomiting, hiccough, cold sweats, &c. It is remarkable how long patients subsist under these distressing circumstances. In one instance, the time was twenty-nine days; in another patient, thirty three days. As the latter recovered after enduring every torture such a disorder could inflict, practitioners may be encouraged to persevere steadily in their attentions, and to retain some hopes even in the greatest extremity.”*

Although these are the ordinary situations of strictures in the intestinal canal, yet, it is evident the complaint may take place in any part of it. “I have once seen (says Dr. Baillie) one of the *valvulæ conniventes* much longer than usual, and passing round on the inside of the *jejunum* like a broad ring. The canal of the gut was necessarily much narrowed at this ring, but no mischief had arisen from it. This malformation however

* Reports on the Diseases in London, page 185.

might have laid the foundation for future mischief. Some substance too large to pass might have rested on the ring, and produced there, inflammation, ulceration, and untimely death." And, in a case published by Dr. Combe, in the fourth volume of the Medical Transactions, of the College of Physicians, London, where there was an uncommon pulsation in the aorta, dissection discovered the lower part of the ilium, as far as the colon contracted, for the space of three feet, to the size of a turkey-quill: the aorta was in a perfectly healthy state.

SECTION VI.

METHOD OF TREATMENT.

FROM analogy it seems reasonable to suppose, that mechanical obstructions in the rectum would be relieved by mechanical means, similar to what are employed in strictures of the urethra and œsophagus.

Mr. Pearson has observed—"When the œsophagus, intestinum rectum, or parts of similar structure become scirrhus, mechanical means are best adapted to the relief of the disease; but the expediency and advantage of employing them in every case is not yet sufficiently ascertained." This observation is of great importance, and I have endeavoured in the following pages to point out those forms of the disorder, where that plan may be employed with advantage; and in those likewise where it proves either inefficacious or injurious.

The dilatation of the passage, appearing to be the principal indication in the treatment of this complaint, various methods have been proposed by different writers. Wiseman was the first writer I met with who adopted this plan. In a case recorded by him, he attempted the

dilatation of the gut, with tents made of gentian, and also of deer's suet ; but on these means failing, he informs us that he divided the contracted part several times with an instrument, after which the excrements came away big, and the patient was not only able to expel them, but also to retain them ; and on a subsequent examination he could not find any remains of the disease. In another case, published by the same writer, he made use of the actual cautery, with a view to destroy (what he supposed to be) a cancerous excrescence in the rectum ; but the patient was afterwards seized with symptoms of pleurisy, succeeded by dysentery, which terminated fatally.

Dr. Sherwen, in his paper already referred to, suggests the propriety of using bougies made of horn, previously softened by means of boiling water ; but it does not appear, that he had ever employed the method himself, or that it had been adopted by any other person.

The following is the method recommended by Mons. Desault, in the first volume of the *Parisian Chirurgical Journal*, which appears to have been employed in several cases with great success.

A tent made of long lint, knotted and folded in the middle, dipped in cerate, was introduced into the rectum by means of a forked probe : this was removed twice

a day, gradually increasing the length and size of the tent.

Dr. Darwin, in his third volume of *Zoonomia*, recommends (in a scirrhus of the rectum) introducing a leathern canula, or gut, and then either a wooden maundril,* or blow it up with air, so as to distend the contracted part as much as the patient can bear, or bougies made of mercurial plaster spread on leather. He likewise mentions introducing a candle smeared with mercurial ointment, and, “May not this disease (he says) be cured by lunar caustic,† applied on the end of a pessary or bougie, in the same manner as used by Mr. J. Hunter, and since by Mr. E. Home, in strictures of the urethra, when, on introducing the finger, a kind of membranous valve can be distinguished, rather than an extensive scirrhus or induration?”

* Certainly no person acquainted with the disease, could think of introducing such an instrument.

† There is a case related by Sir Everard Home, in which he employed the caustic: the advantage, however, only appeared to be partial, for after several applications of it, the patient swallowed a prune-stone, which had so completely closed up the aperture of the stricture, that nothing for several days could pass: after much trouble the stone was brought away. This circumstance proves the passage had not been much dilated. The common bougie was at first employed, but it brought on so much irritation as to require its being left off.

The following method is recommended by Mr. Charles Bell: "A flat piece of sponge, or indeed a piece of sponge of any form, is soaked in strong mucilage, then rolled up into the form of a bougie, and tied firmly with a cord: the cord should be oiled. When the sponge is dry, and fixed in its form, the cord is taken off, and it may then be rolled betwixt plates, polished and made smooth, and a little conical: a string is tied to the greater end. This is a tent,* which when introduced into the stricture of the rectum, will imbibe the heat and moisture, and gradually distend the contracted portion of the gut." Mr. Bell also advises small doses of calomel to be given occasionally, and purged off once or twice a week.

Dr. Robert White likewise suggests the probability of mercury being useful in a contracted state of the rectum. "From analogy (he says) it may be conceived, that as the employment of mercury, causing a ptyalism of some duration, is so serviceable in the schirro-contracted œsophagus, benefit may be also obtained from it,

* I have not employed this kind of tent; but Dr. Lettsom, in a case published by him in the second volume of the Memoirs of the London Medical Society, mentioned his having advised a sponge bougie to dilate the passage, but "the bougie could only be once attempted, from sufferings, which he, (the patient) expressed, as being impaled alive."

in the like manner in the schirro-contracted rectum." The exhibition of mercury is also recommended by Mons. Desault, particularly from the circumstance of his having frequently seen venereal symptoms, connected with the diseased state of the rectum.

When I first published my remarks on this disease, I had only employed the common bougie, not having seen Mons. Desault's cases; a circumstance of regret, because I think it probable, from the experience I have had since I became acquainted with his mode of treatment, that in some of the cases which proved fatal, more relief might have been thus obtained than by the other method. Although the dilatation of the passage, may be considered the principal means whereby this complaint can be relieved; and, notwithstanding some of the cases which had been under my care were permanently so; yet, by reflecting on some of the cases which proved fatal, I cannot help thinking, that too much irritation was excited by the introduction of the bougie, though used with the utmost caution.

Before we employ the means calculated to dilate the passage of the rectum, we should endeavour to ascertain not only the degree, but also the nature of the contraction, which is of great consequence; because it may happen that the diameter of the gut is less in a simple

stricture than in a scirrhus state of the intestine ; and yet, in the former instance a dilatation of the passage may be effected, whilst in the latter case, a dilatation will not only be impracticable, but the introduction of a bougie under such a circumstance, may prove very injurious, by forming an additional source of irritation. It requires therefore, in my opinion, a tolerable degree of knowledge, and experience, to determine with accuracy on the propriety or impropriety of employing the mechanical plan.

It was stated in my first publication, that when the contraction happens to be low in the rectum, I should always prefer Mons. Desault's method ; not only from it being attended with much less inconvenience to the patient, but from the supposition, that by a continued gentle pressure, especially in a tuberculated state of the intestine, absorption would be more likely to be effected, than from employing the common bougie ; which, in general, can only be retained a short time in the rectum.

But, if the stricture should happen to be situated so high as the termination of the colon, I recommended using the common bougie, from the circumstance of the tent (as then made) not possessing a sufficient degree of resistance, to overcome the obstruction so high up in the gut. From employing however, the common bougie in

a few instances, the irritation was so great on introducing it, that I was led to make the tent somewhat stiffer, (but considerably less hard than the bougie,) so as to be able to pass it as high as might be required : this being accomplished, and the pain being comparatively trifling when introduced, I have had no occasion since to use the common bougie. And I am persuaded, no practitioner would ever continue to employ it, after having used mine.

The bougie* should at first be of such a size as to pass the stricture without considerable resistance ; for if much force be applied, it cannot fail of exciting too great irritation, and of proving injurious by inducing inflammation and increasing pain. Although it is necessary to increase the size of the bougie, yet this should be done in a very gradual manner, (particularly at first,) until the passage becomes accustomed to the stimulus. As there is always more or less of spasmodic action excited on passing the bougie, it should be introduced in as slow and gentle a manner as possible ; and it is generally necessary to desist a short time from pushing it forward, when it arrives at the stricture, until the spasmodic action ceases. Therefore in passing the bougie, there is

* I now employ this term instead of tent.

not only the resistance of a permanent stricture, but also the resistance of a temporary spasmodic one to overcome. At first, it should not remain longer than half an hour or an hour in the rectum ; or if there should be much irritation, not quite so long : this however seldom happens with the bougie which I employ, after it has completely passed the stricture. By degrees it may be suffered to remain eight or ten hours at a time, with little or no inconvenience to the patient. In general, it may be passed daily. The length of time it is necessary to employ the bougie must depend on circumstances. When the contraction is not considerable, and symptoms of the disorder have not been experienced for a very long period, a dilatation of the passage may be effected, in the course of four or five weeks. But, in cases of long standing, and where the contraction is considerable, it may be seven or eight weeks before the passage will admit of the largest bougie. In some instances the stricture will not admit of dilatation to that extent. It is however surprising, what I have seen effected by patiently persevering in this plan, in cases which had been abandoned ; in consequence of such a mode of treatment being considered as impracticable and injurious to the patient.

It is proper to observe, that though the passage be so far dilated as to admit the largest bougie, yet it is ab-

solutely necessary to persevere in its use for some time afterwards, and then to leave it off gradually ; because of the disposition of the passage to contract again, if the plan be relinquished too soon.

It may likewise be proper to mention here, the effect the bougie has in exciting the natural action of the bowels. Sometimes it happens, that notwithstanding the patient had been a long time before, (perhaps years) under the necessity of constantly taking opening medicines, yet after a few times employing the bougie, the bowels have regained their natural action. This effect however is not always to be expected so speedily; for I have known instances, where the action had not been restored until three months after using the bougie ; and in some cases not at all.*

* In the ingenious paper by Mr. Coley, alluded to in the preface, a new method is proposed of introducing the bougie ; which suggested itself to him in consequence of his finding that the instrument was liable to bend, instead of passing through the stricture, thus deceiving the practitioner. Admitting that this may sometimes happen, (and indeed I ought to have noticed the circumstance as a caution to the inexperienced,) yet, I have not found it necessary to adopt the method which Mr. Coley recommends : at the same time, I should be sorry to oppose any plan, that would in the least render the introduction of the bougie more certain and effectual. His method is to introduce into the rectum

Unfortunately, it too often happens, that strictures in the rectum exist a great length of time before they are discovered; and the colon becomes considerably dilated above the stricture, from having been so long subject to repeated accumulations of fæces: and though the stricture may be overcome by the use of the bougie, nevertheless, the intestine does not recover its natural state of contraction, which proves a source of great distress to the patient ever afterwards.

Having given these general directions respecting the bougie, I shall now endeavour to point out more particularly, those forms of the disorder in which it is commonly used with advantage; and also those instances where its application has either been of no service, or where it is likely to be productive of mischief. The permanent spasmodic constriction of the sphincter ani,—the same affection when it occurs in the rectum itself,—and the simple permanent stricture, are the forms in which the bougie has been most advantageously employed. With respect to the first of these, it has already been observed,

a tin canula, containing a wooden piston which projects about half an inch beyond the edge of the canula: the piston is then withdrawn, and the canula pushed up to the stricture; after which the bougie is introduced into the canula, and pushed forwards by means of the piston, until its lower extremity is lodged within the rectum.

that it is frequently attended with a stricture higher up the passage; when that happens, and the stricture remains undiscovered, the use of the bougie is productive of very little benefit, if it does not pass beyond the superior stricture also. It is therefore of consequence that this should be ascertained before using the bougie. When the constriction is combined with hæmorrhoidal tubercles, and they become large and troublesome, so as to prevent the use of the bougie, it is necessary to remove them. It is however, always proper to attempt a trial of the bougie first, because, when the distention is not very considerable, compression may prevent the necessity of an operation. I have always performed the operation with the knife, after the example of that late eminent surgeon Mr. Hey; and I prefer Mr. Kirby's method of doing it, in first passing a ligature through the tubercles on each side the anus, by which means, the operator has more command over the parts which he wishes to remove, as the action of the sphincter causes a recession of the tubercles during the operation; on which account it is more difficult to perform than in those cases of external excrescences, which sometimes require the same operation. There never has any serious hæmorrhage occurred, nor any other untoward symptom followed the operation some slight inflammation may of course be expected to

supervene, which will require the application of a common poultice until it subsides. As soon as the part will admit, a small piece of lint, folded and spread with some soft ointment, may be introduced, which will prevent adhesions until the patient is able to bear the bougie : at first it should be very small, and then gradually enlarged. Here it is proper to observe, that a constriction of the sphincter requires a much larger bougie, in order to effect a complete relaxation of it, than strictures higher up the passage.

With respect to the division of the sphincter by the bistoury, the method practised by Mons. Boyer, I am inclined to think, that whether the disease occurs as a primary or secondary affection, the bougie will be always found sufficient to overcome the spasmodic action, when properly employed.* If, however, the bougie should fail

* Mr. Copeland, has experienced the same beneficial effects ; who notices the complaint in his observations on the diseases of the rectum and anus. Mons. Boyer, however, considers the practice as either useless or injurious, as will appear from the following passage.

“Plusieurs de ces malades avaient fait usage de mèches pour dilater l’orifice du rectum ; mais, loin de diminuer le resserrement, elles ont eu souvent un effet contraire ; l’irritation causée par leur présence a augmenté quelquefois la constriction des sphincters à tel point, que bientôt les mèches les plus petites, la canule même d’une seringue, ne pouvaient la surmonter. D’autres fois, sans augmenter la constriction, les

in producing a relaxation of the sphincter, I would certainly have recourse to Mons. Boyer's method; having contemplated performing that operation in the event of the other means failing, long before I met with that gentleman's mode announced in the London Medical and Physical Journal. But, I think, every candid practitioner will agree with the sentiment, that if equal benefit can be obtained by a method, which does not derange the structure of the part, it ought to be preferred.

As auxiliaries, it is right to mention the hip-bath, and injections, with ext. papav. The hip-bath used for a few minutes previously to applying the bougie, appears to render its introduction easier by somewhat

mèches ont tellement exaspéré les douleurs, que le malades, ne peuvent les supporter, les retiraient peu d'instans après les avoir introduites. Dans aucuncas je n'ai observé de bons effet's de ce moyen; il a toujours été inutile ou nuisible."*

I am so truly sensible of the extreme morbid irritability of the part, and of the acute pain introducing the bougie occasions, that nothing short of the fullest confidence in the means proving successful, would embolden the practitioner to persevere, or induce the patient to submit; nevertheless, severe as it is, I think it a better plan than to divide the sphincter, especially should the complaint be attended with a stricture higher up the passage, which cannot be removed by that operation.

* Journal complémentaire du Dictionaire des Sciences Medicales. Novembre, 1818.

relaxing the sphincter, and the injection afterwards with the poppy, contributes to lessen the morbid irritability of the part.

Cases of permanent spasmodic stricture in the rectum, appear to give way readily to the use of the bougie. This is perhaps the only circumstance that will enable the practitioner to distinguish it from simple stricture, unless the contraction should happen to be within reach of the finger, which very seldom happens.

In numerous instances of simple stricture, the bougie has been employed with decided advantage. At the same time it is proper to remark, that I have often known the complaint aggravated from using the common bougie, not only when injudiciously employed, but also in cases where it had been applied with the greatest caution; producing too much irritation in the rectum from its hardness. Sometimes, simple stricture is attended by prolapsus ani, fleshy excrescences, or soft hæmorrhoidal tubercles, which prove a hinderance to the use of the bougie, and require to be previously removed.

The prolapsus ani, which occurs as the consequence of stricture in the rectum, is very partial, and unlike the common prolapsus, when the whole of the lower portion of the rectum protrudes from a relaxation of the sphincter; as the former only occupies one side of the anus, forming a pendulous flap. I have frequently been under

the necessity of gently pushing up the prolapsed part with the finger, beyond the sphincter, to make way for the bougie to pass, which otherwise would be apt to get entangled in the prolapsed portion of the intestine. The use of the bougie will sometimes overcome this impediment, but if it should continue after the passage is dilated, and prove troublesome, the pendulous part may be removed with the knife, and the patient freed from future inconvenience.

Sometimes a small portion of intestine is found adhering to one side of the anus, and at the point of adhesion there appears a small soft fleshy excrescence. When this happens, the adhering portion of the intestine should be carefully separated from the excrescence by the knife, and the latter is to be removed by a circular incision.

The external fleshy excrescences when in an indolent state, do not prevent the use of the bougie; but sometimes they are irritable and painful, so as to render it necessary to remove them. These cases, however, do not require the ligature, as the operation for tubercles.

When simple stricture in the rectum is attended with soft hæmorrhoidal tubercles, and they are large and painful, as to prevent the use of the bougie; they should be removed in the manner already described in spasmodic constriction of the anus.

With regard to the division of the stricture, as practised by Wiseman and others; there can be no doubt of the expediency of the operation in some instances where the bougie fails, and the stricture is of a cartilaginous hardness. But, before the division of the stricture is attempted, it should be ascertained by passing the finger beyond the strictured part, that the intestine above is in a healthy state, and the stricture circular; for if there should be a longitudinal contraction of the gut, the operation in that case instead of proving beneficial, would in all probability aggravate the disease.

In that species of contraction, first noticed as the consequence of the venereal disease, I have never seen any real benefit derived from the bougie, even when used in combination with a regular mercurial course. In the tuberculated state, however, arising from a similar cause, the bougie will be found of great service.

In scirrhus of the rectum, I am persuaded the common bougie has often done mischief. On which account it is, perhaps, that some of the most eminent of the profession, are adverse to the employment of that instrument altogether in cases of contracted rectum. So far as the objection regards true scirrhus, I entirely concur in the opinion, that the bougie should not be so freely used. But though decidedly opposed to the constant use of the

bougie in cases of scirrhus, yet its occasional application, sometimes affords a temporary relief by facilitating the passage of the fæces, and those which I employ can never do any harm when cautiously introduced.

In the medical treatment of this complaint, the first circumstance of importance to be attended to, is the regulations of the alvine excretions: and it is proper to remark, that laxative medicines are not only necessary in the constipated state of the bowels, attendant on the early stage of the disease, but also in its more advanced progress, when a diarrhæa supervenes; because the evacuations are seldom in sufficient quantity to relieve the bowels, without the aid of laxatives.

Castor oil is to be preferred to any other medicine. Aloetic purgatives should be carefully avoided, from the peculiar irritation which they are known to produce on the rectum.

Experience has particularly convinced me of the expediency and utility of administering laxative clysters in this complaint, when practicable; for, by dissolving the fæces, their passage through the contracted part is greatly facilitated; and not only so, but it frequently happens that there is an accumulation of hardened fæces in the rectum, below the contraction. Under such a circumstance, it must appear evident that the exhibition

of purgative medicines, instead of being productive of advantage, must do harm and augment the sufferings of the patient. Injections, therefore, in such cases, are peculiarly adapted to afford relief ; great attention however is necessary in throwing them up. They should be made of water-gruel with a table spoonful of castor oil, or sweet oil, or a little sapon. venet. dissolved in warm water, and sometimes warm water* alone will be sufficient. A small quantity of liquid is generally to be preferred, not only on account of the difficulty there is frequently of getting any thing up the rectum, but likewise from the consideration, that a large quantity of fluid would be apt to distend the intestine above the stricture, where the gut has sometimes been found much enlarged. When injections cannot be thrown up in the ordinary way, from the contracted state of the passage, a large hollow bougie may be fastened (instead of a common pipe) to a bladder, by which means they may be conveyed beyond the obstruction.

The exhibition of mercury in the contracted rectum, has been strongly recommended by some of the most eminent men in the profession. I believe, that they have generally prescribed it from the impression of a scirrhus state of the gut ; and that the expectation of a

* Some practitioners recommend cold water.

beneficial effect, has been grounded on the great advantage, which is said to have been obtained, from its adoption in some cases of scirrhus contractions of the œsophagus. I have prescribed mercury in some cases of scirrhus, and likewise in those of simple stricture ; but I do not think it has ever been of any service in those cases of genuine scirrhus in which I have employed it. In simple stricture I am inclined to think more favorably of it. I have generally given the pil. hydrag. combined with extr. conii. The latter, I think, tends to lessen the morbid irritability of the canal, whilst the former promotes a more regular discharge of bile. When the disorder is suspected to arise from a venereal cause, the exhibition of mercury is indispensibly necessary.

Whenever the pain requires it, recourse must be had to opiates ; and here I must observe, that in the advanced stage of scirrhus, the sufferings of the patient are frequently so great, as to render large and repeated doses of opium absolutely necessary. If the pain can be alleviated by large doses of extr. papav. or extr. hyosciami, it is desirable, as these preparations do not constipate the bowels so much as opium. Although I have frequently employed opiates in the form of injections, and have also introduced opium finely powdered, on the bougie, yet I think very seldom with any decided ad-

vantage in relieving pain. Sometimes, however, I have known opiate injections relieve the tenesmus.

In every form of contracted rectum, it is of great importance to attend particularly to the regulation of the patient's diet: it should consist (as Dr. Sherwen remarks) of that sort of food, "which contains the greatest quantity of nourishment in the smallest compass:"—jellies, sago, arrow-root with milk, beef tea, thin chocolate, fresh fish, eggs either raw or lightly boiled.

The patient ought to be sparing of animal food, which should be of the lightest kind, and very little fruit or vegetables must be allowed, as they tend to increase flatulence. Every thing seasoned or salted, and spiritous or fermented liquors must be carefully avoided. For common, drink water, or barley-water, in some cases a little white wine and water may be allowed.

The quantity of food should also be attended to (as well as the quality) which ought to be as moderate as possible; because a strict attention in these respects, will greatly tend to mitigate the sufferings of the patient.*

* I have no doubt that two patients lost their lives in consequence of not properly attending to the above directions. Soon after eating and drinking more freely than ordinary, they were seized with symptoms of iliac passion, and both of them died in a very short time.

It will also be proper to point out to patients the necessity for well masticating their food, from the danger which may attend swallowing any indigestible substance, too large to pass the stricture. The case mentioned by Sir Everard Home, nearly proved fatal from that cause.

There was no opportunity of ascertaining the state of the intestine afterwards, which would have been desirable. In both instances, the contraction was high up in the gut. If such a circumstance happened in cases where an evident advantage had been previously gained by the use of the bougie, what may be expected in numerous instances where the disorder is overlooked?

SECTION VII.

CASES.

CASE I.

ABOUT fourteen years since, I was requested to visit Mr. C——, aged forty-five, who had been afflicted for a considerable length of time with pain in the rectum on going to stool, and difficulty of expelling the fæces, attended with a falling down of the gut. On examination, there was a partial prolapsus of the anus on one side, accompanied with inflammation: there was also a considerable pouching of the integuments on the same side, similar to what has been described by Mr. Hey, in his Practical Observations on Surgery. I must confess, I was not at that time experienced in the diagnosis of the contracted rectum, and

therefore did not examine farther than the prolapsed part. Means were prescribed with a view to lessen the local inflammation, and laxatives to keep the bowels open. As the symptoms in a short time became more violent and alarming, in consequence of the increasing difficulty with which fæces passed through the rectum, with increase of pain, considerable distension of the abdomen, and other symptoms characteristic of iliac passion; I was led to examine more particularly the state of the rectum, which was so much indurated and contracted, as not to allow the smallest sized rectum-bougie to pass up further than an inch. In the course of a few days the patient died.

CASE II.

Mr. C——, about thirty years of age, applied to me upwards of eleven years ago, for a complaint which he supposed to be the piles, that being the opinion of the medical person to whom he had previously made application; but instead of obtaining relief, he was growing worse. He said that he had been several years of a costive habit, and had experienced some little difficulty

in voiding his stools ; but as only a temporary inconvenience was induced, he did not pay any particular attention to the complaint, as he otherwise enjoyed good health. He had also observed for some time that his stools were smaller in diameter than they had formerly been ; and latterly they had been discharged with a squirt. The pain in the rectum had now become considerable, not only at the time of his having a motion, but at other times in the day. The former case had made so deep an impression on my mind, that I suspected this person laboured under a contracted rectum, more particularly when I saw the figure of his stools, which were very small in diameter and scanty. On examining the rectum, I discovered two strictures, the first about three inches up, and the other at the termination of the sigmoid flexure of the colon. At first I could only pass a large urethra-bougie, but by degrees was able to introduce a moderate sized rectum one. For some time the patient appeared to be considerably relieved, as he passed his stools much more easily, (and of a more natural form) so that he was able to resume his occupation, which made me entertain great hopes of his recovery. The relief, however, was not permanent ; for shortly after, the pain and difficulty of voiding his stools increased, and the intestine became more thickened and indurated, accom-

panied by a thin acrid discharge, with frequent loose stools, which sometimes passed away involuntarily.* His countenance was sallow, and he had some hectic fever. An abscess also formed on one side of the anus, which broke externally.

Pills with extr. conii were prescribed for him, and various anodyne injections were occasionally administered; but nothing gave him the least relief, except large and repeated doses of opium. As he still grew worse, his friends advised him to go to a neighbouring infirmary. The surgeon under whose care he was admitted, treated the complaint as a common fistula, and laid the sinus open, which, however, afforded him no relief, and as soon as he was able he returned home. He sent for me, but I found his disorder considerably aggravated; and after several months of extreme sufferings, he died.

• In this state the bougies were discontinued.

CASE III.

Mr. H——, about sixty years of age, applied to me in June, 1808, and complained that he had been afflicted with a purging for several months, attended with considerable pain in the rectum, particularly when he evacuated the fæces. He had a sallow countenance, his face was rather œdematous, and his body was much reduced: his appetite for food, however, remained tolerably good. By the advice of an eminent physician of this city, he had taken medicines (such as are commonly prescribed in diarrhæa) for a long time, without deriving any benefit. On examination, I found the passage of the rectum so much contracted, as scarcely to admit the introduction of a moderate sized urethra-bougie. The gut had an indurated and uneven feel. There was frequently a considerable thin sanious discharge from the intestine, and the fæces often passed away involuntarily. A bougie was introduced a few times up the rectum, but was discontinued, as the irritability of the gut appeared to be increased by it. His pain, which was very great, could only be mitigated by the constant use of opium. He lived about six months after I first saw him.

CASE IV.

Mr. C——, about twenty-six years of age, applied to me, in the autumn of 1808, when he informed me that he had been occasionally unwell about six years; in the course of which time he had consulted different medical gentlemen, and had taken a variety of medicines without receiving the least benefit whatever. He complained of pain (which was sometimes very acute) in the course of the transverse arch of the colon, and sigmoid flexure, attended with a sense of fullness. His bowels were costive, and whenever he had a stool, it was attended with pain and difficulty in passing. The fæces were small in diameter, scanty, and discharged with a squirt; and he commonly felt afterwards as if part remained behind, which he had not been able to expel. His appetite was very good, but he generally felt himself worse after eating a hearty meal. He had not experienced any sensible diminution of strength, and he was able to follow his business as usual, except occasionally, when the pain became violent. On examination, I found the rectum considerably lessened in its diameter, as it was with difficulty that a small sized rectum-bougie could pass up the gut. There were two strictures, one about three inches up, and the other at

the upper extremity of the intestine. Though the rectum appeared to be so much lessened in its general diameter, (as well as where the strictures were formed) it had not an indurated feel. I endeavoured to explain the nature of the disease to the patient, in order to enforce the necessity of using bougies, with a view to overcome the obstructions. To this he very readily consented, and the more so, as every other means which had been hitherto tried, had failed in procuring him relief. From persevering some time in the use of the bougies, the passage was at length so much dilated as to admit of the largest size being introduced. The motions then came away freely, copiously, and of a large diameter. The natural action of the intestine was so far restored, that the patient often had evacuations without the necessity of taking opening medicines. Still, however, he had occasional returns of pain in the course of the colon; (which no doubt had been weakened and distended by the long continuance of the complaint) but not the distress in voiding his stools. He afterwards went into the country to reside, being advised to continue the occasional use of the bougie.

CASE V.

Ann Davy, about forty years of age, complained of great pain about the anus, particularly on her going to stool. She had frequent scanty loose motions, with tenesmus, and a considerable serous discharge from the rectum. These symptoms had been coming on several months, and were daily growing worse. On examination, there appeared to be a considerable projection of the anus, and the sphincter ani was so much contracted,* that the introduction of the finger was impracticable: indeed the rectum appeared to be so indurated and contracted, as scarcely to admit the introduction of a middle sized urethra-bougie. For the purpose of having the patient more immediately under my care, she was admitted into the infirmary, on the 22nd of October, 1808. Bougies were employed several times, (of the size mentioned) but as the pain and irritability of the part evidently increased, they were discontinued. Although she had a diarrhæa, the evacuations were not sufficient in quantity to relieve the bowels, therefore either castor oil, or elect senna was occasionally administered. Opiates were

* I was not aware, at this period, that the sphincter ani was subject to permanent spasmodic constriction.

given as the case required. I likewise directed a little ung. hydrarg to be rubbed daily for some time about the verge of the anus, but not from any suspicion that the complaint proceeded from a venereal cause. She remained in the house several weeks, and was then discharged, not having derived any benefit, but on the contrary, being rather worse than when she was admitted. Several months afterwards I saw her again, and was very much surprised, not only at her being alive, (because she had left the house in a very debilitated state) but from her appearing to be much improved in her health, and saying that her former complaint was better. From these circumstances I was anxious to ascertain the state of the rectum, on examining which, I was astonished, not only at being able to introduce my finger with ease, but that the gut had a smooth and uniform feel, and not any remains of disease could be discovered. On questioning the woman by what method she had been relieved, she said she had not used any other means than what had been employed whilst she was under my care, but that she had been the greatest part of the time in the country, since she left the infirmary, which she found had been of considerable benefit to her.

I think it not improbable but that the mercury may have had some good effect, although at the time the patient did not appear to derive any benefit from it.

CASE VI.

ANN LORD, a married woman, aged thirty-eight, of the common sanguine melancholic temperament, was admitted an out-patient at the Bath City Infirmary and Dispensary, in July, 1810. She complained of having pains in her limbs, which were so bad at night as to prevent her from sleeping. She had also large blotches on several parts of her body, which were evidently venereal. She had been ill for a long time, and appeared to be very much reduced. A mercurial plan was immediately adopted, to which the complaint soon yielded, as the pains of her limbs in a short time went off, and the eruption on the skin disappeared. But another train of symptoms* presented, such as great pain on going to stool, and a frequent troublesome tenesmus, accompanied with a considerable thin sanious discharge from the rectum, a similar discharge was likewise frequently passed by the vagina, and some liquid fæces were often voided the same way. She also complained of pains about the os sacrum, and every forenoon she was seized with a chilliness, succeeded by flushings of heat, and at night

* They were mentioned before, but so obscurely, as not to demand any particular attention.

she had perspirations. Her pulse was eighty-four, weak and small; her appetite remained very good. These symptoms she said had been gradually coming on between seven and eight years; and, about two years before she felt any complaint in the rectum, her husband had given her the venereal disease, which she supposed had not been perfectly cured, as she never had been entirely free from some unpleasant feeling since. On examination, I found so much contraction and induration about the sphincter ani, that it was with some difficulty I could introduce my finger up the rectum, which prevented me from distinctly ascertaining the state of the gut; its internal surface, however, about an inch and a half up, had an irregular feel. Under these distressing circumstances I admitted the poor woman into the Infirmary on the 29th of September. On her admission, a small sized rectum bougie was introduced, with a view to ascertain the extent of the contraction, which appeared to be about four inches from the anus. Afterwards the rectum was examined with a probe, which passed from the gut to the inferior part of the vagina, through an aperture about three-quarters of an inch in length, the edges of which were irregular and hard. The lower part of the vagina was also much thickened and indurated.

For the purpose of dilating the passage, I used a tent,* prepared somewhat different from Mons. Desault's method ; and although the first was very small, it gave her great pain on passing through the sphincter, but after remaining up awhile, the pain gradually lessened, so that she was able to retain it in the gut several hours at a time, though sometimes she was under the necessity of removing it, on account of the tenesmus and copious discharge from the rectum. The size of the tent was gradually enlarged, but she felt always more or less pain at the sphincter on its being introduced. As the complaint had been evidently connected with venereal symptoms, pills with *Extr. conii*, and *pil. hydrarg.* were prescribed, and also a decoction of *sarsaparilla*. The bowels were kept open with castor oil, or elect *sennæ*. To relieve the pain, opiates were occasionally administered. The patient was also put upon a low diet, being only allowed tea twice a day, without any bread ; weak broth for dinner, with a small portion of bread, and at night a little arrow-root. After pursuing the above-mentioned plan for a short time, she appeared to be relieved, which led me to entertain

* Instead of making a knot in the middle of the lint, as directed by Mons. Desault, (the impropriety of which must appear obvious) it was made at the end. The tent was made sufficiently stiff for introducing without the assistance of a probe.

great hopes of her recovery. The relief, however, did not continue long ; she became gradually weaker, with loss of appetite, and complained more of general pains over the abdomen, which continued to increase for some time, when a sickness and vomiting came on, so that neither food nor medicines remained on her stomach.

There was likewise a constipation of the bowels, attended with great distension of the abdomen, and every means proved ineffectual for procuring evacuations. The patient died about four days after symptoms of the iliac passion came on, and nine weeks after her admission as an in-patient.

APPEARANCES ON DISSECTION.

On opening the body, the peritoneal coat of the intestines appeared to be very much inflamed ; and in some places the small intestines adhered together, from the inflammatory exudation that had taken place.

A large quantity of thick brownish fluid was discovered in the pelvis.* On examining the rectum there was a considerable thickening and induration of its coats at the lower extremity.

This general thickening, however, did not extend

* Evidently some of the contents of the bowels.

higher than about an inch and a half, though the gut was very much lessened in its diameter for three inches further, but the thickening was chiefly confined to its inner membrane. I was much surprised to find the internal surface of the intestine smooth, because, when examined at first by the finger, it had an irregular feel. There were two apertures discovered about the middle of the contracted portion of the rectum, running upwards in an oblique direction between its coats, about the distance of half an inch from each other; the coats of the intestine surrounding the apertures were very thin, and each of the openings were just sufficient to admit of the same sized bougie* that had been used previous to the death of the patient: the extremity of which, no doubt, had passed through one of the apertures into the abdominal cavity. The orifice which led to the vagina, appeared to be much less than when examined on the patient's admission into the Infirmary.

* A few days previous to her death, I introduced a middle sized urethra bougie, which passed very readily until it reached about two inches up the rectum, where it met with some resistance; but on applying a little more force, the bougie passed beyond the part where it had been stopped. The patient immediately complained of acute pain, accompanied with great anxiety and languor, though the bougie was not half the diameter of the tent which had been constantly employed.

CASE VII.

AUGUST 4, 1810, I was requested to visit Mrs. E——, aged seventy-eight, who had been seized a day or two before with an acute pain of her left thigh and leg ; but more particularly in the inside of her thigh, a little below the groin. She had frequently chilly fits, which were succeeded by flushings of heat. The skin was hot and dry ; her pulse was frequent, her urine high-coloured, and her bowels were costive. For many years, she had been under the necessity of taking constantly, some aperient medicine, without the aid of which, she never had an evacuation. She had been likewise troubled with a complaint about the anus, for several years, which she supposed to be the piles. Some leeches were directed to be applied to the most painful part of thigh, which was afterwards to be rubbed with an opiate liniment two or three times a day.

A saline mixture with antimony was also prescribed, and a pill with extr. papav. to be taken every night at bedtime. The bowels were kept open with castor oil. Under this treatment, the pain of the thigh and the feverish symptoms gradually went off. She then complained of having more pain in the rectum, which at length became so violent, not only at the time she had

occasion to go to stool, but for several hours in the day ; and she felt such a burning heat in the rectum, attended with tenesmus, and pain about the os sacrum, that she declared, although she had borne nineteen children, what she had suffered on that account was nothing compared to her present complaint. She was also troubled with wind in the bowels, and sometimes there was a distention of the abdomen. Notwithstanding she took castor oil every other morning, which generally procured two or three motions, yet, upon enquiry, I found they were scanty. Suspecting from the symptoms, there was some mechanical obstruction in the rectum, I suggested to the patient the necessity of an examination, in order to ascertain the nature of the disease. There were two small condylomatous excrescences on the right side of the anus ; and on introducing the finger above two inches and a half up the rectum, I felt a large hard substance obstructing the cavity of the intestine, which appeared to be connected with others of a smaller size, but too high up to be distinctly felt. She complained that my touching the part occasioned considerable pain at the time. I proposed some mechanical means for the purpose of dilating the passage, as the most likely to afford her relief, to which she very reluctantly consented. Accordingly a tent, about the size of a large

gocse-quill was introduced as far as the obstructed part, which remained up the gut a few hours. The first motion she had, after the removal of the tent, was figured, and the quantity of fæces greater than had been discharged for a long time at one evacuation. After using the tent a third time, which evidently passed beyond the obstructed part, a very large quantity of consistent fæces came away, which gave the patient great relief. Castor oil or some other aperient medicine was occasionally administered. She took five grains of extr. papav. every night at bedtime; and about two ounces of the following injection was directed to be thrown up the rectum, once or twice a day, as pain required:

℞ Extr. Hyosciami, ʒi

Aquæ Puræ, ʒ viii. M. ft. inject.

This plan (with the constant use of the tents) was regularly persevered in, from the beginning of September until the fifteenth of October, when she could pass her stools with tolerable ease, and had very little of the pain in her back, or the burning heat in the rectum. She, however, never had a motion without the assistance of an aperient medicine, or an injection. As the complaint of the intestine grew better, she became more afflicted with pains in her joints, particularly the knees and feet; the latter were sometimes swollen and inflamed. These

pains* were attended with convulsive catchings of the limbs, which were frequently so violent as to prevent her from sleeping, though she took large and repeated doses of opium. Early in the spring of 1811, she was again very much annoyed with the complaint of the rectum, and the pain at length became so violent as to occasion strong convulsive fits, which sometimes continued an hour, leaving her in such an exhausted state, that her friends several times expected her immediate dissolution. Although for a long time she daily took twenty-five or twenty-six grains of opium, besides having anodyne clysters occasionally administered, she scarcely had any remission of pain, from which it may be conceived that her sufferings were very severe. On finding a return of the disease, I introduced the finger up the rectum, and found that the before-mentioned hard substance was much lower in the gut than on my first examination, being only a little above the sphincter ani. This circumstance rendered the administration of clysters extremely difficult; and when purgative medicines were

* I have no doubt but the same cause which produced pain and inflammation of the joints, occasionally affected, and augmented the disease of the rectum; as it was frequently observed by the relatives of the patient that the complaint was less severe, on the joints becoming more painful.

given they had no effect, unless frequently repeated, when a purging was brought on, which continued a day or two, accompanied by a most distressing tenesmus.

The tent was again employed, but I was not able to pass it far, as the tumor filled up almost the whole cavity of the intestine at its lower extremity. By persevering, however, a few times, and varying the direction of the tent, I succeeded in passing it above the obstructed part. After continuing its use for some time, (in conjunction with opium and clysters) there appeared to be an evident lessening of the substance which had obstructed the passage, as the gut was more permeable; the fæces again came away copious and free: the patient had less pain, (though she did not take a fourth part of the opium, which she had been in the habit of using it daily,) and the convulsion fits entirely left her. From being able to take more nourishment, her strength was so far recruited, that she attempted to walk across the room, which she had not been able to do since the first attack of her complaint, in August 1810.*

* This was her situation in the beginning of July, 1811. Sept. 17, she feels very little of the complaint of the rectum, and for several successive days she has had her stools without the assistance of clysters, which circumstance had not occurred, without the aid medicine, for several years.

CASE VIII.

ELIZABETH HANCOCK, aged twenty-seven, of the common sanguine temperament; was admitted an in-patient at the Bath City Infirmary, December 6th, 1810, under the care of Mr. Creaser,* for the purpose of undergoing the operation for fistula in ano, which she had laboured under about five months. Her general health was much affected, and she had a diarrhea. Previous to the operation, an annular stricture was discovered about two inches and a half up the gut; which Mr. C. judged proper to divide, after laying the sinus open. A considerable hæmorrhage succeeded the operation; but the patient appeared for some time afterwards to be doing very well. A vomiting, however, came on, attended with great languor and debility, which continued about three weeks, when she died.

On examination after death, the rectum was found in a very diseased state; it was not only thickened, and indurated at the part where the stricture had been formed, (which had not been completely divided) but

* To whom I am indebted for the knowledge of the case, and who kindly permitted me to examine the body after death.

the inner membrane of the intestine was entirely destroyed by ulceration, from its lower extremity to about an inch and a half above the strictured part. There was likewise a large ulcer near the beginning of the colon, which communicated with the abdominal cavity. The coats of the intestine surrounding the ulcer were thick and indurated.

CASE IX.

Miss B. nearly fifty years of age, applied to me in the beginning of December, 1812; in consequence of a painful affection about the anus, which had been gradually increasing several years, but was then becoming rapidly worse, which rendered her life extremely uncomfortable. She had neglected applying sooner for advice, from the mistaken notion of the disease being only piles. She was of a very costive habit, and experienced great pain and difficulty in passing her stools, which she had observed for some time were small in diameter. She had frequent, but ineffectual calls, when it often happened that a substance protruded from the anus, extremely painful, till a hæmorrhage supervened: the tumour then gradually lessened, but did not entirely disappear, before she had passed the night in bed. There was sometimes

hæmorrhage without any protrusion. She complained of a sense of weight about the os sacrum, and of pains shooting down the thighs. Her nights were restless attended with perspiration. In the day she had alternately cold and hot fits; she was thirsty, had a very impaired appetite, and strength considerably reduced. The skin, however, was cool, and there was no quickness of pulse. The catamenia had left her some months. She was always aware of the protrusion taking place, from a dragging pain, (to use her own expression) felt some little time before at the epigastric region.

Upon examining the part, I found a protrusion at the lower part of the anus towards the right side, about the size of a large filbert; but on enquiry, was informed, that the tumor was sometimes much larger. The protrusion appeared to consist of an hæmorrhoidal excrescence, to which was attached a portion of the rectum, the latter was of a dark red colour, and its surface abraded: this, no doubt, had been chiefly owing to the patient frequently pricking the gut with a needle when it descended, as she supposed the bleeding gave her some relief.* The hæmorrhoidal vessels, surrounding

* The patient had recourse to this method, if the spontaneous hæmorrhage did not take place soon after the protrusion of the gut.

the anus, were much distended with blood, and the integuments, at the prolapsed part, formed a pendulous flap, when the gut and excrescence disappeared.

Having minutely examined the part, and being satisfied in my opinion ; I informed the patient she would be under the necessity of submitting to an operation, to effect a complete cure of the complaint. In the mean time, proper means were adopted with a view to palliate the disorder ; such as gentle laxatives to keep the bowels open, slight astringent lotions with opium to the part : and also the application of leeches. As no sensible benefit was derived from these means, I suggested the propriety of trying gentle pressure, by introducing a tent up the rectum, from having read that a case of hæmorrhoidal excrescence had been completely relieved by that plan ; to which the patient very readily assented.

On introducing a tent between two and three inches up the rectum, I was very much surprised to find a firm stricture, and the resistance to the passing of the tent (though of a small size) was very considerable, from the strong action of the muscular fibres of the intestine. The discovery of a stricture, of course, proved an additional reason for employing the tent, and in all probability the stricture had been the cause of the prolapsus. A tent was therefore introduced daily, but omitted when the

gut came down. I was much encouraged to hope the plan would have ultimately succeeded, as previous to the use of the tent the complaint had occurred almost daily ; but after employing it, the descent only occurred once in eight or ten days ; and once the intestine remained up thirteen days. At first, the introduction of the tent occasioned so much pain on passing the stricture, that the patient was frequently thrown into a perspiration at the time. The tents were gradually enlarged, and, after persevering some time, the passage admitted those of a large size being introduced without the least inconvenience. And, unless when the gut protruded, her evacuations came away without pain, and the hæmorrhages were less frequent. She had nearly lost the pain, and sense of weight about the sacrum, and her general health was much improved.

It happened, however, unfortunately, that after the tents had been employed with such apparent advantage, the patient was seized with a very troublesome cough, which occasioned almost a daily descent of the rectum, with a frequent return of the hæmorrhages ; so that it became impracticable to introduce the tent. The disease becoming thus aggravated, Miss B. made up her mind to submit to whatever operation I judged proper for the cure of the complaint ; which was determined upon as soon as the cough was better.

I have already mentioned, that the disease consisted of an hæmorrhoidal excrescence, to which a portion of the rectum adhered. If the disorder had been merely an excrescence, I should certainly have considered the ligature the best method of removing it; but, being apprehensive, that if that plan had been adopted in this case, there would be danger of exciting great inflammation, by necessarily including a considerable portion of the rectum in the ligature: I therefore determined on the following method.

After bringing the prolapsed part as much as possible in view, I separated the adhering portion of the rectum with the knife from the excrescence. On performing this part of the operation, an artery was divided, which bled freely, though it was soon stopped by a little pressure. I then proceeded to remove the excrescence by a circular incision, including the integuments that formed the pendulous flap, close to the anus. No farther hæmorrhage ensued. A little lint and soft dressing were applied to the part, and an opiate was given. The patient was desired to live low, and to keep herself cool, as I apprehended the artery might bleed again. For three or four days after the operation, there was a slight degree of inflammation about the anus; which was removed by the application of a bread and milk poultice.

As the bowels had been freely opened previously to the operation, she had no evacuation until the third day; when an aperient medicine was given, which gently moved the bowels; but there was no descent of intestine, neither was there the least return of hæmorrhage. The patient was confined to her bed nearly a week, and kept upon a low regimen, with the occasional use of a laxative pill. At the end of a fortnight she was allowed to walk about, and, with the exception of a little uneasiness, which was occasioned by a slight inflammation that occurred after the operation, she has never experienced the least inconvenience, as the gut never descended afterwards, nor has there been any return of the hæmorrhage.* She passes her stools with the greatest ease, and even without the assistance of medicine. In short, her health is completely restored, a blessing she had not enjoyed for several years.

* It was not necessary, after the removal of the excrescence, to employ the tents again; a proof that the dilatation of the gut had been completely effected.

CASE X.

JANUARY, 1812, I was requested to visit Mrs. W. nearly fifty years of age, of a robust size, and full habit of body, who had borne twelve children. She complained, that from the early age of fifteen, she had experienced some difficulty in passing her stools, which had so much increased for some time, that she was under the constant necessity of sitting over warm water before she could procure an evacuation, although in the habit of taking aperient pills, to which she had been accustomed for many years. She had also considerable pain about the sacrum, inclining to the right side, and frequent hæmorrhages from the rectum.* The catamenia were still regular, and her general health appeared to be tolerably good.

Some months prior to my seeing Mrs. W. she had been seized with a sudden stoppage of the bowels, which so much alarmed her, that she sent for a surgeon, and requested him to examine the rectum. But it did not appear, from what he said, that he was thoroughly convinced of the existence of a stricture; although he procured some bougies which Mrs. W. had occasionally

* I have seen nearly half a pint of blood discharged at one time.

employed, from a conviction of there being some mechanical obstruction in the passage. No benefit, however, had been derived from them, but, on the contrary, the complaint was growing worse.

On examination, I discovered a firm stricture, about five inches and a half up the rectum, which admitted only a very small sized bougie to pass; and this not until after considerable resistance from the strong action of the muscular fibres of the gut. The distance of the stricture from the anus having been ascertained, the patient was convinced the bougie had never before passed the stricture, not only from this circumstance, but also from the pain produced by it; as the bougie introduced was the identical one that had been employed before, without producing such an effect. It was, therefore, not improbable, that some mischief had been done to the intestine, from the indiscriminate manner of employing the bougie; particularly with regard to increasing the frequent returns of hæmorrhage.

Although the stricture was so high up the rectum, I advised the use of the tents in preference to the common bougie, and, after introducing them a few times, the patient could pass them very readily herself. I directed an injection of gruel and oil to be thrown up daily, which was done at bedtime; and after its opera-

tion, the tent was introduced, which generally remained in the rectum till early the next morning.

Whilst Mrs. W. remained in Bath (which was about a fortnight) she appeared to be considerably relieved, the evacuations passed more easily, and there was scarcely any discharge of blood. I have not heard of the patient since.

CASE XI.

FEB. 1812, E. MORGAN, an unmarried woman, sixty-three years of age, complained of having been subject to pains about the os sacrum shooting down the hips, between four and five years. She had been always of a costive habit of body, seldom having any evacuation for four or five days, and not then, without the aid of a strong purgative medicine. About a year ago, she was attacked with a sudden hæmorrhage, which she supposed to have been a return of the catamenia in a most extraordinary and violent manner; but on the hæmorrhage recurring shortly after, she was convinced the discharge proceeded from the rectum; ever since which, she has had frequent returns of the hæmorrhage; and upon that ceasing, a serous discharge supervened.—Between five and six months ago, she began to experi-

ence considerable pain and difficulty in passing her stools, attended with tenesmus, and almost constant pain in the gut; her strength was much reduced, she had frequent flushings of heat, but her pulse was regular.

On examination, I found great irregularity and induration in the rectum, about an inch from the anus, which extended some way up the gut, where a considerable contraction was discovered, but yet a sufficient passage to admit the tip of the finger being introduced: the contracted part had an irregular and indurated feel. That I might have the patient more immediately under my care, she was admitted an in-patient at the Bath City Infirmary, on the 25th of February. The next day a small tent was introduced, and the following pills were prescribed:—

R Extr. conii, ʒiſs.

Pil. hydrarg. ʒſs. M. f. pil. xxx. æquales, quarum capt. ij. mane et vespere.

A clyster, with gruel and castor oil, was also directed to be thrown up daily. Her diet—gruel, broth, arrow-root and light puddings.

Feb. 27th. Has had several motions without the injection, and less pain—tent again introduced.

Capt. pil. extr. conii, et pil. hydrarg. j. mane et vespere, et quoque pil. opiat. gr. j. o. n. h. s.

28th. Has a troublesome cough, breathing short, with wheezing. Omittr. pil. hydrarg. &c.

R Liq. ammon. acet.

Aq. menthæ pip. āā ʒiſſ.

—— puræ ʒiij.

Syr. papav. alb.

Oxymel. scillæ āā ʒij. M. f. mist. capt. cochl. ij, ampl. 4ta. quæque horă. Rep. pilr. opiat.—a tent introduced.

29th. Breathing rather better, and less pain in the rectum. Rep. mixt. et pil. opiat.—a tent introduced. As the bowels had not been freely open, an injection was directed.

March 1st. Had a good night, the bowels have been moved in consequence of the injection, with scarcely any appearance of blood—a tent introduced.

2d. Breathing much worse, and cough more troublesome—pulse quick: has had two or three small loose motions without any blood. Rep. med. et enema laxativ.

3d. Her breathing better, and cough not so troublesome: had three motions from the injection, but no blood.

4th. Much the same: has frequent loose stools, (so as to prevent introducing the tent) but unattended with pain.

5th. She has still a frequent discharge of loose stools. Injec. enema opiat.

6th. Breathing much worse, with increase of wheezing, and the cough more troublesome; skin hot, and pulse quicker, tongue white, and complains of thirst. A very large quantity of consistent fæces has passed. Applicr. emp. canth. sterno. Rep. mixt. add sp. æther. vitriol comp. ʒij.

7th. Breathing somewhat relieved, but the feverish symptoms continue. Has had two small loose motions. Rep. Mist. et capt. haust. anodyn. h. s.

8th. Both breathing and cough better; pulse not so quick, and tongue cleaner. Has had three small motions with a little blood. Rep. enema opiat. On introducing a tent, I perceived a fætid discharge from the rectum, which I had not before noticed. Rep. med.

11th. Has had very little uneasiness in the rectum, but general pains over the abdomen. Cough and breathing still troublesome, though in a slighter degree. Not so much heat on the skin, nor quickness of pulse. Rep. med, et enema opiat.

12th. Less heat over the abdomen. Although there is less heat on the skin, she complains more of thirst. Has had some small, loose motions. Rep. enema laxativ.

13th. Has very little pain in the abdomen. The clyster occasioned several loose motions, which very much relieved her—a tent introduced.

14th. Breathing more affected ; has had several loose motions. Applicr. empl. canth. sterno, et repr. med.

15th. Breathing somewhat relieved, but the cough still troublesome ; has had two loose motions, besides what is found to pass away involuntarily on returns of cough—a tent introduced.

16th. Had a restless night, from the difficulty of breathing, and cough : passed several small sanious coloured loose motions. Rep. med.

17th. Breathing and cough much the same, but not attended with an expectoration, free and copious—has had two small loose motions of the same appearance as last. Rep. med. et enema laxativ.

18th. Breathing much the same ; a little bloody mucus is brought up with the cough ; has had more uneasiness in the bowels. Two injections have been given without producing any effect—the injection was ordered to be repeated with the addition of a little murias sodæ.

19th. Had no evacuation until she took castor oil this morning : which procured several motions ; cough and breathing much the same. Rep. med,

20th. Had a better night: breathing not so difficult; skin cool; pulse regular; tongue clean. Passed three stools without any pain. Rep. med.

22d. Her breathing much better, and cough not so urgent; had a very good night; bowels open—a small tent introduced.

24th. Continues better: bowels still in an open state, and the evacuation of a more natural consistence—tent introduced.

26th. Bowels having been confined yesterday—has taken castor oil, which procured three motions, one of them very copious—a tent introduced.

27th. Her breathing and cough better: bowels open—felt a soreness in the rectum after tent yesterday.

28th. Feels better: has had two motions without pain—a tent introduced.

30th. Having had no evacuation yesterday, took castor oil, which operated two or three times.

31st. Complains of sickness, and of having brought up bile: had a motion this morning, followed by a little blood. The foetid discharge from the rectum has ceased.

Capt. mist. salin. cardiac. $\bar{3}$ i. 4tis. horis. Capt. haust. anodyn. h. s.—a tent introduced.

April 3d. Sickness better: complains of pain over the abdomen. Took castor oil yesterday, which procured several motions—a tent introduced.

5th. Less pain in the abdomen: bowels open, and the fæces discharged without pain—a tent introduced.

9th. A tent introduced.

11th. Complains of having had a considerable soreness in the rectum since the last tent was introduced. Although, on examination with the finger, the contraction does not appear increased, yet there is a greater difficulty in passing the tent from the extreme irregularity on the internal surface of the gut—the tent was omitted. The bowels were kept open with castor-oil, and the evacuations continue to be discharged without pain or appearance of any blood. Her general health appeared also to be improving, and she was able to sit up a few hours daily, which she had not been able to do for a long time: her appetite was so much better as to render her very desirous of having a little animal food, which was complied with.

On the 23d a tent was introduced, but could not pass it until I had previously ascertained the direction of the contracted part by introducing the finger, the irregularity of the surface continuing the same.

25th. The tent occasioned considerable pain in the rectum, and a little blood followed its removal. She

took castor oil this morning, not having had a motion since the last tent was introduced.

26th. Had several motions yesterday, and her bowels are very open to day; does not complain of any particular pain.

28th. A small tent again introduced—the last time.

30th. Complains of having had much soreness in the rectum since the last tent was introduced, and has had no motion. Rep. enema laxativ.

May 1st. Passed several motions. She had appeared to be rather weaker, and her appetite had failed for the last day or two: but no material alteration was observable until the fifth, when, on entering the ward in the morning, I was surprised to find so great a change in her countenance; her breathing short, pulse extremely feeble; with every other appearance of a speedy dissolution. She died the same afternoon. The nurse informed me she had become suddenly worse in the night.

APPEARANCES ON DISSECTION.

On dividing the parietes of the abdomen, there were evident marks of peritoneal inflammation, and the intestines also exhibited a similar appearance, but more particularly the ilium; and its folds were glued together in

several places, the consequence of inflammatory exudation ; and on its surface, there were different patches of coagulable lymph : there was also some purulent matter in the pelvis. On separating the rectum from the sacrum, its posterior part gave way, as only the peritoneal coat at this part of the intestine had remained ; the other coats having been destroyed by ulceration. The internal surface of the gut was extremely irregular, and its inner membrane entirely destroyed by ulceration ; which process had extended somewhat less than an inch from the anus, as far as the contracted portion of the rectum. The muscular coat was very much thickened and indurated, exhibiting the usual cancerous appearance : and in other places (besides the posterior part already noticed) it appeared to be entirely destroyed, as well as the inner coat, by the ulcerative process. At the termination of the ulceration, there was a considerable contraction of the gut, from the diseased state of the muscular coat, having formed a complete, thick, cartilaginous ring ; and a little below it the jagged edges of the inner coat projected ; its lower portion, as before mentioned, being entirely destroyed by ulceration. Above the cartilaginous ring, the intestine was somewhat dilated, its inner membrane having an inflamed appearance, which had extended about two inches up the gut.

The muscular and peritoneal coats, at the back part of the superior portion of the rectum, were thickened and indurated, extending in a line along the sacrum, for nearly three inches above the contraction ; the thickening gradually lessening as it extended upwards. A great quantity of solid fæces was collected above the contracted part.

About the middle of the convex surface of the liver, there was a very large tubercle, with several lesser ones dispersed throughout its substance.

The fundus uteri was red, and the fimbriated extremities of the fallopian tubes were in a state of ulceration ; no doubt from having been exposed to the purulent matter which was collected in the pelvis.

The lungs had a diseased appearance, and with some difficulty separated from the back part of the thorax.

CASE XII.

APRIL 1, 1812, I was requested to visit the Rev. Mr. H. (at a village about three miles from Bath) aged seventy-one, whom I found labouring under the following symptoms :—Considerable pain about the os sacrum, and in the bowels, attended with a rumbling

noise, sometimes so loud as to be heard below stairs. Difficulty and pain in passing his motions; abdomen very tumid and tense; the water made, small in quantity, the legs œdematous; breathing short; pulse quick, irregular, and intermittent; general debility and emaciation, with loss of appetite. He informed me these symptoms had gradually increased since August, 1811; prior to which, however, he had occasionally experienced some difficulty in passing his stools, but in so trifling a degree, as not to engage his attention longer than the moment he felt the inconvenience. He had also observed, that the fæces were small in diameter; but since August he had very seldom passed any figured stools.

He had consulted some months before, an eminent practitioner in the country, who supposed his liver was diseased;* but he derived no benefit from that gentleman's prescriptions.

From the above-mentioned symptoms, I very much suspected Mr. H. laboured under a stricture of the rectum, which opinion coincided with the patient's own view of the complaint; as he often thought there was some mechanical obstruction in the passage, although the gentleman he consulted, had not hinted such a circumstance.

* This proved to be a fact.

I found, on examination, a stricture about four inches up the rectum, and that passing a tent, though small, gave him considerable pain. Although I entertained little hope of affording him much relief from his advanced age, with the debilitated state of the whole system, yet I thought some temporary advantage might be derived from employing the tents. I recommended castor oil to keep the bowels open, or an injection to be thrown up occasionally. Pills with *P. rad. scillæ* were prescribed, and, to relieve pain, opiates. The tents were only introduced three or four times, as he complained of their producing so much pain. His weakness daily increased, and the paroxysms of pain were so violent and frequent, that he scarcely had an interval of ease, unless when under the influence of opium. His misery became so great that he earnestly wished for death, although he was very patient, and resigned to the will of the Almighty. The event, however, did not take place until the twenty-fourth of May.

APPEARANCES ON DISSECTION.

The abdomen remained tumid and tense, and there was a considerable prominency and hardness about the epigastric region.* The parietes of the abdomen were extremely thin, and the muscles of a livid color, although

* From an enlargement of the liver.

the examination took place twenty-eight hours after death. There was about a pint and a half of serum in the abdominal cavity. The intestines were much discoloured, but had not the appearance of increased vascularity. The colon was much distended with flatus, and the omentum attached to the middle of the tranverse arch of the colon was formed into a short thick ligamentous substance, by which that part of the colon was drawn from its natural situation near to the os pubis, in consequence of an adhesion having taken place between the process of omentum, and the peritoneum, a little above the pubis. Previously to examining the rectum, I was under the necessity of puncturing the bladder, it being distended with urine :* a stricture† was then discovered near the upper part of the sacrum, about an inch and a half below the commencement of the rectum. There was some difficulty in separating it from the sacrum, as its muscular and peritoneal coats had become of a cartilaginous hardness. There was also an adhesion between the rectum and the lower posterior part of the vesica urinaria. Although the stricture was considerable,

* The great quantity of solid faeces in the rectum, had so compressed the neck of the bladder, as to prevent the urine from passing.

† See plate I.

(about half an inch in diameter) the coats of the intestine had not an indurated feel, except at the part already mentioned, and which did not exceed half an inch in length, and not quite so much in breadth. The muscular coat, however, was somewhat thickened in its remaining circumference at the strictured part. On the internal surface of the gut, below the stricture there were several red patches. The inner membrane at the stricture projected a little forwards, forming a process-like appearance, though not in the least indurated; above this, the internal surface of the rectum exhibited considerable redness as far as its termination. The inner membrane at the upper orifice of the stricture, was so much puckered as to form a complete valve over it. Above, as also below the stricture, there was a considerable collection of solid fæces, but particularly below, and of a much larger size than it was possible to pass the stricture; though it was evident that fæces, as large as the natural diameter of the intestine below the stricture, had passed a short time previous to the death of the patient.

The liver was very much enlarged and indurated, and tubercles, of various sizes, were interspersed throughout its whole convex surface. The gall bladder was nearly full of bile, and the fæces were properly tinged with that fluid. My time would not permit me to ex-

amine the thorax, where I had no doubt, from the symptoms, that either effusion, or some organic derangement, would have been found.

CASE XIII.

[The following Case was written by the Patient himself, a Russian Gentleman.]

“ I AM now in the 36th year of my age. As long as eight years ago I found some inconvenience in voiding my stools ; but it is about five years since my disease gave me real distress. The first symptom was costiveness. In the mornings after having taken tea, I was obliged to go to stool, and only able to discharge a few hard fæces at a time ; so that by going six or eight times in one morning, I hardly had so much evacuated as one good stool would amount to with a sound person. I was farther frequently incommoded with spasms, which at any time of the day would attack me on a sudden, and it was with the greatest difficulty and uneasiness that I could resist the tendency of these spasms, which was a sudden expulsion of fæces.

“ Medical gentlemen, whom I consulted at this time, considered my complaint as a mere obstruction

and piles; their remedies were purgatives, &c. &c. but which only gave me momentary relief. Two or three years passed in this manner: when I did not find any decline of strength taking place, I took but little physic. Since, my bowels became entirely obstructed for some days; these days I found myself always in the best health apparently but when the frequent and scanty evacuations began, I always felt uneasy and painful. Sometimes I had no stools for six or seven days, but only some discharge of mucus in the morning, and at intervals I was attacked by violent colics, with great pains, and which terminated in one or two hours with enormous loose evacuations, probably collected in the bowels for several weeks, or even months. These violent attacks always obliged me to keep my room for one or two days, when I was again able to resume my occupation and pleasures. In the year 1811, I came over to England, when I consulted a physician of great eminence in London: he declared my complaint to be a disease of the liver, and gave me some mercury and opening draughts, which also gave me relief for the moment, but no permanent better state of health was obtained. On my journey back to Russia, after some days' costiveness, I was attacked by so violent a colic on the road that I was obliged to stop four hours, and had the

most plentiful evacuations, but which weakened me so much that I was scarce able to pursue my journey : after that, the usual costiveness again took place. The physicians at Riga, whom I consulted in the winter of 1811 to 1812, declared my complaint to be that of the liver, and ordered me to rub upon the lower ribs ung. hydrarg. ; and they gave me opening medicines, also, sometimes calomel, ipecacuanha, columbo, &c. As all these means partly failed in their end, the physicians believed it was the piles that obstructed the passage, and leeches were accordingly applied to the anus ; and, to keep the bowels open, clysters were ordered ; but these also failed, and produced another distressing symptom, viz. that of an involuntary discharge of mucus during the night. In the spring of 1812, when I was about to leave Riga, my physician told me that he had cured me of my liver complaint, and that there now remained only piles in the rectum, but which, by a strict diet and exercise, I might also overcome. The last remedies I got from this man were decoctions of bark, equally useless as the former. On my arrival in London, in the month of July, 1812, I waited on an eminent surgeon, and desired him to examine the rectum ; when it was found, on introducing the finger, that it was completely diseased, and a stricture discovered about three inches from the anus.

I was recommended to introduce pills of hemlock and opium, and afterwards went to Cheltenham, where the waters very successfully opened my bowels, so that I had frequent loose stools every day. After three weeks I returned to London, when bougies, armed with lint and an ointment of ung. hydrarg. fort. camphor, and opium, were daily introduced up the rectum, and kept there from a quarter to half an hour. Seidlitz waters, and other medicines, were taken to keep the bowels open. The size of the bougies was gradually increased, so as to admit of the largest size after three weeks. I was again ordered to Cheltenham, where I used the waters four weeks more, and introduced the bougie myself every day. I went back to London in the beginning of October, when Mr. ——— examined the rectum with his finger, and declared there was a great change for the better. The discharge of mucus had also ceased in a great degree, but still opening remedies were necessary; also clysters of milk and aloes were recommended, but they did not answer the purpose. Injections of starch and Dover's powders were ordered, to prevent the irritation of the bowels, and these answered the purpose very well. But as the evacuations still were very irregular, and the needings to stools sometimes very sudden, and even sometimes the fæces came away involuntarily;

Mr. ——— ordered me to use every morning an injection of cold water, from one to two quarts, which I continued until my departure for Bath, the 7th of December. Although the injections procured a stool, the evacuations were neither regular nor plentiful. I performed the journey from London to Bath in one day: when I arrived there I found my bowels so obstructed, the injections of cold water so ineffectual, and uneasiness and rumbling in the bowels so much increased, that I called Mr. White to my assistance six days after my arrival. This gentleman discovered that there existed in the rectum another stricture, higher up than that which Mr. ——— attempted the cure. Although Mr. White introduced a common bougie of less size than what I had been using, he could not pass it beyond the stricture: a very large urethra bougie was then introduced, which passed the stricture, but occasioned pain, and threw me into a fever.* Injections with gruel and castor oil procured me some evacuations,† but attended with

* The patient improperly ascribed that effect to the bougie, which in my opinion had been produced by travelling, and the irregular manner in which he had lived since he left London.

† The first evacuation which I examined, was of a light clay color, but afterwards the motions were highly tinged with bile for several days.

so much pain as I never before experienced, and which induced me to request the attendance of Dr. Parry. I was then ordered to take some opening draughts, to inject, and to take opiate pills at night. My situation was now miserable; I had no appetite, no sleep, excruciating pain when I went to stool, and a constant pain at the os sacrum. My bowels were disturbed with wind collected in them, which could find no vent, and distressed me considerably.

“ But although the introduction of a small sized bougie had given me so much pain, Mr. White introduced, some days after, a tent of a larger size than the bougie, yet it gave me no pain, and I was able to keep it in the part for some time, (half an hour.) The introduction of the tents was continued every day, and their size increased. A fortnight after the use of them, (the opening draughts and clysters occasionally) the fever entirely subsided, the evacuations came off more easily, and the pain also gradually ceased; and as the wind passed away more freely, the distention of the bowels also ceased.

“ Mr. White, under whose sole direction I now remained, gave me pills composed of pil. hydrarg, et extr. conii, and which so much tended to keep my bowels open, that after having taken them about a week,

my bowels were open fourteen days without taking any physic or using injections.

“ With very little variation, under this mode of treatment I continued to regain my former state of health, so that now, the latter end of February, 1813, I am able to introduce myself a common sized rectum tent every other day. I continue the use of the pills. My evacuations are more copious, and of a more consistent nature than they were formerly.

“ The attack of my disease had reduced me very much, so as to occasion a difference of weight of eight pounds, since my departure from London: but I am now in a fair way of regaining what I had lost;* and trust, by continuing the mode of treatment applied by Mr. White, I shall continue to be considerably benefited and relieved.”

* He had gained three pounds the last three weeks he remained in Bath. Some months afterwards I had the pleasure of seeing the gentleman again in Bath, with an improved state of health.

CASE XIV.

June 24, 1814, Miss M——, aged twenty-six, complained of having had a violent pain in the bowels for a few days, attended with frequent loose stools and tenesmus—sickness and pain of the head; her skin was hot, and the pulse rather quick. On inspecting the evacuations, there was no appearance of fæcal matter, but only bloody mucus. Conceiving the complaint to be a bilious dysentery, I directed some pills with calomel and rhubarb for her; and also a saline cordial mixture with opium. On visiting her next day, she was not in so much pain, and the calls to stools were less frequent, and what had passed was of a more natural appearance.

On more particular enquiry, I found that although she had been seized in the manner above stated only a few days, yet she had been very unwell several months before; and for the last two she had evidently lost flesh, and experienced a gradual failure of strength. For a long time she had been of a very costive habit of body, sometimes going a week without having a motion, and for the last few weeks, passing her stools had been attended with considerable pain and difficulty, accompanied by so much straining as to bring on a violent pain

at the back part of the head, which continued for a long time after. She had frequently a pain in the sigmoid flexure of the colon, and about the sacrum, and was very often troubled with wind in the bowels. She was always more in pain before the appearance of the catamenia. After the violent irritation of the bowels ceased, I prevailed on her to undergo an examination of the rectum, when I discovered a stricture between three and four inches from the anus; this was the first instance in which I met with a stricture so low unaccompanied by another higher up. The bougie was employed daily for some time, and the bowels were ordered to be kept open with castor oil; this however was seldom necessary, because after using the bougies a few times, she had natural evacuations almost daily. She is now perfectly recovered.

CASE XV.

Mr. D——, about thirty years of age, of the muscular sanguine temperament, with a remarkably healthy countenance, applied to me in July, 1814; complaining that he had laboured under a disorder in the rectum for several months, on which account he had consulted different practitioners in this city, without obtaining any

relief. The disorder, he said, commenced with great heat about the anus, with a swelling and hardness on one side ; and the person to whom he first applied, gave him a lotion, which he supposed lessened the external swelling, and at length it entirely disappeared ; but he experienced more internal pain, and some time afterwards there was a discharge of matter from the rectum with occasional hæmorrhage. He then applied to another surgeon, who, from the supposition that there had been an internal abscess, prescribed a variety of injections, &c. He was under this person's care twelve weeks, without experiencing any benefit, except that the discharge was checked. Mr. D. then went to London and consulted an eminent surgeon there, who examined the rectum with his finger, and told him it was necessary he should submit to an operation before he could be relieved ; to this, however, he would not consent, and on his return to Bath, applied to me.

It is proper to notice, that on more particular enquiry, I found the patient had had symptoms indicating a disordered state of the alimentary canal, long before the period he first alluded to ; as he had for some years been subject to such violent attacks of flatulence in the bowels, as frequently to bring on convulsions. He also complained of considerable pain about the os sacrum,

and in the course of the sigmoid flexure of the colon; he was costive, had pain and difficulty in passing his stools, and there was still a discharge from the rectum, with occasional returns of hæmorrhage. These symptoms led me to suspect the presence of stricture.

On examination, I could not perceive any external mark of disease about the anus; but on introducing the finger up the rectum, I found a small tumor* on the right side, not larger than a common hazel-nut, having the feel of a glandular substance, with a smooth surface. Not being satisfied that so small a substance could be the cause of the patient's sufferings; I passed the finger higher up the rectum towards the sacrum, and discovered a stricture just within its reach. The gut at the stricture was uneven and thickened; but it had not an indurated feel: pressure occasioned pain. A moderate size bougie was then introduced, but no other stricture was discovered. The patient was directed to take a dose of castor oil in the morning, which freely opened the bowels, and in the evening a bougie was introduced, which remained an hour in the rectum, when removed, it was much besmeared with mucus. The following

* This afterwards proved to be the situation of the orifice of a sinus, by which the matter had been discharged into the rectum; but I had no suspicion of this circumstance at the time.

morning he had a natural evacuation. The bougie was repeated every night, and he was able to keep it in the rectum till early in the morning; the size was gradually increased, until the passage admitted the largest. The bowels became more regular, seldom requiring the assistance of medicine, and the pain in the back and colon considerably abated, the discharge ceased, and there was seldom any appearance of blood. The patient feeling himself so much better, left off using the bougies; but some time afterwards he called on me, in consequence of the swelling reappearing at the right side of the anus. On examination, I found an abscess nearly in a proper state to open, but he would not consent to the operation. He went into the country, and therefore I did not see him again for several weeks, by which time the swelling had disappeared, but there had been frequently a discharge of matter from the rectum during his absence, a proof that the abscess had again burst into the intestine. Although the swelling had subsided, there was a line of induration extending from the right side of the anus, almost close to the perineum, evidently a continuation of the sinus which communicated with the gut. As the patient still continued opposed to any operation, I advised his taking Ward's paste. At length finding there was no probability of his being relieved without an operation, he sub-

mitted to its being performed. The whole of the sinus was laid open, (which was very extensive) first in its direction towards the perineum, and then to its termination in the gut.* Nothing unfavorably occurred after the operation, and the part was completely healed in the course of a few weeks. After which he began to experience some difficulty in passing his stools, and on examining with a bougie, the passage at the stricture was found to be more contracted, on which account the bougies were again employed, and the difficulty was soon removed. His bowels continued regular without the assistance of medicine. He however complained occasionally of weakness and pain of the back, which was not surprising, as his employment required considerable exertions.

CASE XVI.

At my request the patient wrote the following history of his complaint.

* The internal surface of the intestine was free from induration, which rendered the case favorable for the operation.

“At the latter end of April, 1814, was seized rather suddenly with a diarrhæa,* had not been previously subject to any derangement in the state of the bowels, though for upwards of two years preceding, the stomach had been much out of order—much indigestion, flatulency, great languor and debility.

The diarrhæa just mentioned, continuing with some violence, recourse was had to prepared chalk, with some drops of laudanum, afterwards to opium pills, decoctions of Angustara bark, with extract of columbo root, &c. and other still stronger astringents, but without any benefit; though they checked the diarrhæa for a short time, it always returned with greater violence. An injection of laudanum mixed with thin starch, thrown up the rectum abated the sense of irritation in the bowels, but was not productive of any permanent good effect.

After the complaint had lasted about a month (during the latter part of which time, the patient abstained as much as possible from motion) he perceived, on attempting to walk, a considerable weakness and irritability

* This is the first instance of chronic diarrhæa I have met with in simple stricture. If the derangement of the canal had proceeded from any ordinary cause, it does not appear likely that the diarrhæa would have resisted all the appropriate means which had been employed by the most skilful of the profession.

in the bladder;* which, though not so sensibly felt for a while at first, when he was at rest, always accompanied bodily exercise, and likewise the discharge of urine. In the course of a short time, the sensation of weakness and irritation became more habitual and inconvenient, extending also more immediately along the course of the spermatic chord, and affecting the urinary canal.

The diarrhæa continuing all this time, though with occasional intermissions, yet upon the whole with unabated violence, he was advised to try the Bath waters,† and accordingly came to Bath about the middle of July. For a few days preceding, during, and after his journey, the bowels were tolerably composed, owing apparently to some confection of opium, which he had taken for that purpose. The waters also at first seemed to agree pretty well. About the end of the first week there was a sensible increase of excitement and heat in the rectum and bladder, particularly along the spermatic chord and

* Before the patient came to Bath, it was judged expedient to examine the bladder, but nothing particular was discovered.

† He consulted me previously, and the case appeared very proper, viewing the complaint as the effect of debility in the digestive organs, that being the opinion of the medical gentlemen who had recommended the waters.

urethra ; this was followed by a sharp return of the diarrhæa, and by a sense of pressure on the bladder, which was increased by walking or standing. It was particularly felt also when at stool, at which time the motions, though very loose, appeared to be passing through the bladder, and were usually discharged with a sudden protrusion and collapsure of the rectum. At other times also the movements which took place in the lower part of the bowels (such as rumbling, flatulency, &c.) seemed to be going forward in the bladder, which, together with the abdomen, becoming sensibly pressed forward* and considerably indurated, the patient requested Mr. White to examine into the state of the rectum ; in short Mr. W. had before intimated his suspicion that a stricture might have taken place. Mr. W. ascertained that his suspicions had been well founded, and entered upon his course of treatment of that complaint."

"Bath, August 27, 1814."

On examination, a stricture was discovered between three and four inches from the anus ; a bougie was introduced daily, and in the course of a few weeks the pas-

* This was merely a fulness in the sigmoid flexure of the colon, the patient had not noticed before, which made him anxious for an investigation.

sage admitted of the largest size, which the patient was able to introduce very well himself. The evacuations became more regular, and there was less irritation in the rectum and bladder. In a letter which I received from him after he left Bath, he states, “My bowels have certainly been in a more composed state than they had been in general for some months before. I have had no return of diarrhæa during the last fortnight or three weeks—my motions have been regular and pretty solid ; and not unfrequently somewhat costive. I found, on observation, that their dimensions were as large as I could at any time expect them to be.”

Mr. H——, however, still complained of the derangement of his stomach, which he had been long troubled with prior to the attack of diarrhæa, or before he felt any uneasiness about the bladder, &c.

CASE XVII.

August, 1814. The Hon. Mr. ——— between fifty and sixty years of age, had always been of a very costive habit of body, on which account for the last twelve years, he had been under the necessity of con-

stantly taking an aperient medicine. For a long time he had been subject to very severe head-aches, and occasionally sickness at stomach. He had been frequently seized with convulsive motions in the muscles of the thighs and legs, and also now and then he experienced some pain in the bladder, from whence calculous matter had been sometimes discharged. His appetite was good, he felt no pain in passing his stools, no uneasiness in the alimentary canal, nor sense of fulness in the bowels, but he had not passed any figured stools* for several months. Topical bleedings had afforded him temporary relief with regard to the head-ache, but when the bowels were freely open, he felt himself most sensibly relieved.

He had consulted several eminent medical gentlemen, without deriving any benefit from their advice. He was then recommended to go to Cheltenham, where he did not however derive any advantage from drinking the water, but on the contrary, his head was rather worse, and the water had no effect on his bowels, without a solution of the salts.

He afterwards went to town, and consulted one of the first physicians there, who directed some aperient

* This circumstance induced Dr. Parry to suspect a stricture.

pills for him, and a mixture with cascarilla and camphor. Again disappointed of obtaining relief, on his way home he visited some friends in this city, who were very anxious he should consult Dr. Parry, and who with his usual discrimination suspected he was labouring under a stricture of the rectum. In consequence of that suspicion I was requested to examine the intestine. On introducing the finger no disease was perceptible; but on employing a bougie, a stricture was discovered nearly four inches from the anus, through which I was not able to pass the bougie; but afterwards succeeded in passing a smaller one. A bougie was daily introduced, and in five weeks the passage admitted one of the largest size. The bowels were more easily excited—the evacuations were more solid, and often figured. He was much more free from the head-ache, and was very seldom attacked with the convulsive motions of the lower extremities. In short, his general health was sensibly improved, and in seven weeks from the commencement of the plan, he left Bath in a very comfortable state, and was able to introduce the bougie very well himself.*

* In a letter which I received from the gentleman some months afterwards, he gave a very satisfactory account of himself.

CASE XVIII.

The Rev. Mr. — about fifty years of age, had for a long time experienced some difficulty in passing his stools, and unpleasant feelings in the rectum; which induced him to apply to an eminent surgeon in this city some years ago, who examined the gut with his finger, and advised the patient to introduce his own finger up the rectum daily, besmeared with ung. hydrarg. Finding himself no better, he some time afterwards consulted two eminent surgeons in London, but whose advice proved equally unsuccessful. He then applied to a third surgeon in town, who, on examination, discovered he had a stricture, and introduced a large urethra-bougie, but after employing it for some time without any benefit it was discontinued. The gentleman then went to another part of the country, and consulted a surgeon, who introduced a common rectum-bougie, but it occasioned so much pain that he would not consent to a repetition of it.

The beginning of October, 1813, he applied to me requesting I would examine the rectum, which as far as the finger reached was in a healthy state. On introducing a tolerably large bougie, I could not pass it higher

than between five and six inches. On withdrawing it, a smaller one passed the stricture, after some resistance : from the pain it occasioned, the patient did not think the bougie had ever passed the stricture before.

He generally had a motion every morning* without the assistance of medicine, and he had frequently observed that when the motions were figured, they were of different forms. His general health and appetite were good, but he occasionally felt a fulness and uneasiness in the bowels, as well as the difficulty in passing his stools.

The bougies were daily employed, and in a very short time he was able to pass the largest size himself, without any difficulty. So that in the course of a few weeks, he obtained complete relief; which he had been seeking in vain for years before.

CASE XIX.

October 6, 1814, I was requested to visit Mr. T——, about forty years of age; who complained of considerable pain in the bowels, and sense of fulness.

* A very rare circumstance in so considerable a stricture.

He had been drinking the Bath waters about ten days, by the advice of a physician in London, but his complaint increasing, he sent for me. For some years his bowels had been in such a costive state as to require the constant assistance of medicine; (an aloetic pill) and about twenty months he had been very much troubled with convulsive motions in different parts of the body, particularly in the bowels, muscles of the thighs and legs, and sometimes the face; but the convulsive motion was more frequent and more violent in the intestinal canal than any other part of the body; for he was often annoyed with the complaint nearly the whole of the day. On examining the patient during the attack, it appeared that the convulsive motion commenced at the lower part of the intestinal canal, as the action was readily traced along the course of the sigmoid flexure of the colon, which being propagated to the stomach, terminated in a kind of hiccup; and from the rapid succession of the convulsive motions, the patient was often unable to speak for some time. The muscles of the face likewise appeared to be slightly affected. His countenance was sallow, he felt weak, but his appetite was tolerably good. He complained of some little difficulty in making water, and an inclination was commonly excited to go to stool at the same time; but if he made water when he had a motion, he experienced no difficulty at all.

The first person Mr. T—— consulted was a surgeon of great eminence in London ; but as the convulsive motions were the most prominent symptom of complaint, no local examination was judged necessary, although the patient must have complained of uneasiness in the rectum, because the surgeon said he thought he might have inward piles. His advice, however, proved ineffectual. Mr. T—— then applied to a very eminent physician, who prescribed chalybeate medicines, under a variety of forms, without deriving any advantage. The same physician then advised his going to Bath, as he was confident, drinking the waters, and bathing, would cure him.

As this case appeared to be very singular and obstinate, from having resisted all the means that had been employed for so long a time by such eminent practitioners; it occurred to me, that there must be some local cause, for such extraordinary convulsive motions, and that cause, most probably a stricture, either in the rectum or colon. The circumstances that first suggested this suspicion, were the patient's costive habit of body, and the inclination he frequently felt for going to stool when he made water. As soon as I hinted my opinion, Mr. T—— very readily consented to the proposal of an examination, particularly as he was convinced that the nature of his complaint had not been understood.

After freely opening the bowels with castor oil, I introduced the finger up the rectum, but the gut appeared to be in a healthy state as far as the finger could reach. On introducing a tolerably large bougie, a stricture was discovered between four and five inches from the anus, through which I was not able to pass it; a smaller one, however, was afterwards passed beyond the stricture. During the examination, the patient suffered so much from the increased violence of the convulsive motion in the intestine (which was very conspicuous at the stricture, and rendered the passing of the bougie difficult) that he nearly fainted. A bougie was employed daily, and the bowels became so regular, that it was very seldom necessary for the patient to take an aperient medicine. On examining the fæces when figured, they presented a flat form for several inches. And, it is a fact worthy of notice, that if the convulsive motion was present during the introduction of the bougie, the difficulty in passing it was often very considerable; yet, when it had completely passed beyond the stricture, the convulsive motion either entirely ceased, or considerably abated, until the bougie was withdrawn. In the course of a few weeks, the passage admitted a bougie of the largest size, which the patient was able to introduce himself with ease. His general health appeared

to be improved ; but the convulsive motions still continued in the intestinal canal, though not so frequently ; neither did the motion recur so often in the muscles of the lower extremities.

I was sorry to find by a letter which I received from this patient afterwards, that his memory and sight were much impaired. In the course of a few months I was informed of his death. Although some of the faculty would not admit there was any connection between the convulsive motions and the stricture, yet, I had reason to be of a different opinion. And it may be remarked, that I have frequently noticed convulsive twitchings, excited in the lower extremities of patients, on passing a bougie through the stricture ; and there is no doubt that pressure arising from an accumulation of wind or fæces, often occasions similar motions ; which clearly proves the partial effect pressure on a part has on the nervous system. And may we not from thence reasonably infer, that in some instances, the same circumstances may produce, not only a more general, but also a permanent effect, especially when the constitution of the patient is predisposed to nervous irritability ? This observation is not novel, and it affords me great satisfaction to be enabled to state, that some cases related by Sir Everard Home, tend to confirm this opinion. He mentions the

case of a lady, twenty-eight years of age, afflicted with a stricture in the rectum, who, “during the last three years was so much affected by this complaint, as to be frequently attacked by nervous affections.” Sir Everard likewise relates a case of strictures in the urethra, where the patient was attacked by sciatica, attended with *spasms* in the lower extremity of the same side, the most severe that can be imagined; and that, “his whole nervous system was very much affected.” Which symptoms disappeared on the removal of the strictures.

CASE XX.

Mary Wilshire,* about sixty years of age, of a thin spare habit, regular and temperate in her manner of living. In the latter end of February, 1815, she began to complain of some uneasiness and occasional pain in the bowels, attended with costiveness, or a difficulty

* I am indebted to the kindness of my friend Dr. Pole of Bristol for this case. The engraving was taken from a sketch done by the doctor, who, it is well known, has been many years in the habit of making anatomical delineations from nature.

in passing her motions, for which she frequently took opening medicines. With her evacuations she sometimes had a discharge of blood in small quantities. She seldom complained even to the last, of pain in that part of the rectum where the fatal disease was seated; her sufferings arose principally from the flatulent distension of the bowels, which was at times considerable, before she had recourse to medical advice; the first time she applied for professional assistance, was on the 30th of April; her complaint at this time was a distressing fulness of the intestines, from the want of proper alvine evacuations; she observed, that before the passage was entirely obstructed, she could only bring away a part of the fæces, having a distinct sensation of a portion being left behind. Her pains were not, at that time, great, nor were they until the last week of her life; but always more so when in an horizontal posture than when sitting in a chair; on which account she did not confine herself to the bed, until the last day: she not only sat up, but moved about the room with considerable activity, and said she should feel perfectly well but for the flatulence in the bowels, and that she thought herself as strong as usual. Two days before her death the pains were severe; returning by frequent paroxysms, very much resembling labour pains; particularly during the last

twenty-four hours, when she became convulsed about the arms and upper parts of the body.

From the time the nature of the disease was clearly ascertained, she was advised to live entirely on fluid nutriment, to avoid filling the intestines with what would not pass the stricture, nor did she feel any inclination for solid food. She had no vomiting until within the last two or three days, if it may be called vomiting; part of the contents of the stomach were occasionally brought up by the act of hiccuping. She never voided from the stomach any thing which in smell or colour resembled fæces. She remained perfectly sensible to the last hour of her life. She swallowed no nourishment the last day, but had her mouth frequently moistened, in order to make her speak articulately. She died on the 15th of May, about two weeks from the time she was professionally visited; during the whole of which period, and for one week previously she never had any efficient or relieving evacuations from the bowels; the whole of what she passed in those three weeks, could not have been more than sufficient to fill a four or six ounce measure, not one half of which was fæculent matter, it was principally composed of mucus, sometimes tinged with blood.

Her life was, undoubtedly prolonged, by confining herself to thin fluid aliment, such as beef tea, mutton broth, &c. which could be more perfectly carried off by the kidneys: the abdomen was notwithstanding greatly distended before she died, even beyond what is usually the case at the full period of untero-gestation.

With respect to the medical treatment of the case, it may be observed that on first visiting the patient in question, it appeared, she had been taken several doses of active purgatives without the desired effect; she was then (April 30, in the morning) ordered the following mixture.

R infus. sennæ $\bar{3}$ vi.

Magnes sulph. $\bar{3}$ j cap. cochl. iij. ampla
3tia quaq. hora. donec alv, respond.

In the evening the same medicine was repeated.
— At the same time also an injection was administered, composed of gruel and one ounce of magnes. sulph.

May 1. She took three of the following pills every third hour.

R Calomel. gr. x.

Extr. coloc. comp. $\bar{3}$ i $\mathfrak{m}$ in pil. xij divid.

On the 2nd—

R pulv. jalap. $\bar{3}$ i.

Scammon. comp, gr. xv. $\mathfrak{m}$ in chart. iv.
divid. capt. i. 6ta quaque. hora.

The above were the only memorandums I could collect after the disease of the patient ; there not having been any regular history of the symptoms and medical treatment kept ; but I know that some of the above remedies were repeated without any written instructions, and some others not recorded in this history were prescribed.—I can recollect as well as her female attendants, that fourteen or fifteen injections differently composed were administered ; but at length these, and the cathartics taken by the mouth not being attended with any success, on the other hand, as they increased her sufferings, it was concluded best to relinquish all hopes of affording any assistance, and only to endeavour to support her by fluid aliment, as before mentioned.

On the first or second visit, there appeared reason to apprehend the obstruction of the bowels was not dependent on simple costiveness, but that a morbid contraction of the rectum was the ostensible cause ; an examination was then made, first by the finger, her anum ; but the rectum as far as could be reached, afforded no indication of disease, excepting that of its being more perfectly free from any fæculent matter, than is usually the case when the fæces have their free course.—In the next place, the rectum-bougies were employed of various sizes, the stricture was thereby

readily ascertained, at the distance of about five or six inches from the anus.—The small bougies appeared to pass the stricture with pain and difficulty; but when they were withdrawn, the parts probably closed by their elasticity, so as to prevent the escape of any fæces of consequence, and the larger instruments when urged against the orifice of the stricture, inflicted intolerable pain, and drew blood from the part.—These efforts were renewed at many different times, but the circumstances before stated, rendered it advisable to relinquish them altogether, and permit nature to take her course.

APPEARANCES ON DISSECTION.

Upon opening the abdomen* the circumstance which first attracted attention, was the great distension of all the intestines, but more particularly the colon, which was not only much enlarged in its diameter but longitudinally also; in consequence of which it was thrown into preternatural convolutions to such a degree, as almost to conceal the whole volume of small intestines, as well as the liver and stomach.

* Which was performed by Mr. J. C. Swayne, surgeon of Bristol.

The contents of the intestines were very fluid, with inconsiderable portions of more solid faeces floating in the colon and rectum above the stricture; but no accumulation of these had taken place, at or near the constricted part; the distention of the bowels was principally occasioned by flatus.

The large intestines put on somewhat of a livid appearance, particularly about the *caput coli*;* where sphacelation had taken place, and through one small aperture the fluid faeces were beginning to escape.

Adhesive inflammation existed in various parts of the intestines, uniting them to each other; some purulent matter and water were in the cavity of the abdomen.

The stricture of the rectum was situated about two inches below the base of the os sacrum, but this had probably been forced rather below its original situation by the distended intestines, which must have made considerable pressure in all directions. No examination of the thoracic viscera was thought necessary, that cavity was consequently not opened.

* The disease at this part appears to have been the immediate cause of the patient's death, and not the stricture; because the passage admitted a larger bougie than I have seen in many instances where the result has been favorable; although it is highly probable, the stricture had been the original source of disease.

CASE XXI.

(Written by the Patient.)

“ I AM twenty-four years of age, have been married seven, have had four children, and seven miscarriages, and the last eight years of my life have been passed in Bengal. I have always had severe labours, but have always recovered very well after my confinements, and during the whole of my residence in India, I never had any fever, affection of the liver, or the slightest attack of any serious disorder. I have never enjoyed robust health, but had every reason to be satisfied with the portion I possessed, till the beginning of the year 1811. I then began to be sensible of a gradual loss of strength, and extreme irritability of the nerves: but being in the family way, I ascribed these new sensations to my situation, and did not consider my general health to be at all affected. My confinement took place in August 1811. I had a severe labour, but it was considered a safe one, and for the first fortnight I felt as well as I had usually done on similar occasions. After that I began to be sensible of a gradual loss of strength, and the same painful nervous sensations I had experienced before my con-

finement, returned with additional violence. For about six weeks I had a constant gnawing pain in my right side, and a sensation of great weight whenever I attempted to lie on the other. The pain was not at all acute, and there was no enlargement of the liver or pain from pressure, nor any symptom of fever. For these reasons, the physician whom I consulted, decided my liver was not affected, and that the pain of my side was merely occasioned by weakness. I had at the same time an incessant pain at the lower part of my back; and was subject to sudden pains in my limbs, and violent perspirations, with extreme coldness in my feet, usually followed by a general chilliness. Some domestic misfortune which happened at this time, aggravated all these symptoms extremely, and as my illness was considered to be entirely owing to debility, and the effects of the climate, I was advised to proceed immediately to England. From the month of September, when I first became aware of the state of my health, to the month of January 1812, (the time I quitted India) I continued much in the same state. After every severe attack which generally lasted eight or ten days, I had a bowel complaint, and a great deal of slime always came away. I was recommended by the physicians whom I consulted not to take medicine, as they thought it would still de-

biliterate me more ; but these bowel complaints always made it evident that physic was absolutely necessary. In general my bowels were in a confined state, but subject to sudden extremes. I continued very unwell during the whole voyage, in a state of great nervous irritation, and without gaining any strength, Sometimes for a week or ten days I appeared to be getting better, and then without any apparent cause relapsed into my former state. When I landed in England, I was worse than at any period of the voyage, and was obliged to remain at Plymouth for six weeks, I was very soon seized with a bowel complaint, and Dr. ——— who attended me, seemed to think a great deal of medicine was necessary, particularly calomel, which I took several times. I gained a little strength after this, when the doctor advised me to go to Cheltenham immediately, as he thought I should derive a great deal of benefit from the waters. I accordingly went there early in October, and when I arrived, consulted Dr. ———, who appeared to understand my case completely, and assured me my illness was occasioned by some biliary obstruction, which he thought he could very soon remove. He gave me some pills containing a small quantity of mercury, which I took every night for a fortnight, and the waters in the morning. After that, he thought me so much better, he

advised me to leave off the pills, and only to take the waters which I continued to drink for another month. During the first six weeks I recovered very rapidly, but after that period my former complaint began to return; Dr. ——— ascribed this to my having drunk the waters rather too long, and advised me to leave them off, and go to Bath, as he thought that every obstruction that might have existed was entirely removed, and that I was in a very proper state to drink the Bath waters with considerable advantage. I arrived in Bath the beginning of the last month, and have been ever since as ill on my first arrival in England. I was in hopes of preventing my complaints from increasing by taking a great deal of medicine, principally Cheltenham salts; but although the effect was very considerable, I was not sensible of the slightest benefit. My nerves became in such a state, of irritation, that I could not even bear to be spoken to, and the slightest exertion brought on a head-ache. I had frequent pains in my limbs, a constant throbbing in my temples, quick and irregular pulse, and a sensation of such debility and oppression, that it was painful for me to walk across the room. After experiencing all this for a fortnight, I had a bowel complaint, which convinced me that in spite of the physic I had taken, my bowels were in a very bad state, and loaded with slime and some

kind of bilious secretion. I took immediately some calomel and rhubarb; and have since taken rhubarb, castor oil, and other opening medicines repeatedly. They all operated sufficiently, and there was now no reason to think there was any more slime or any thing bad in my bowels. But at every interval between taking the medicine, they became naturally in a very relaxed state, attended with a severe griping pain, which begins in my stomach, and descends into my bowels. I have always a great deal of uneasiness after eating, and my digestion appears to be very imperfect. My pulse is at present slow and weak, my tongue white and furred. After taking one grain of calomel, and eight grains of rhubarb, for eight or nine nights, I had a violent attack of tenesmus, during which nothing was brought away except a small quantity of dark slime, tinged with blood. The apothecary who attended me, thought that the attack was owing to the irritation of the calomel. I therefore discontinued it, and merely took, occasionally, castor oil, or some mild purgative, but the pain I suffered whilst the tenesmus lasted, was so very similar to what I had always felt, and called a pain in my back, that it led me for the first time, to suspect it was in some way connected with the state of my bowels. Soon after this I left Bath for London, and being then in a state of preg-

nancy, I refrained as much as possible from the use of medicine. The only physician I consulted was Dr. — who, not having seen me previously to my being in the family way, concluded that most of my complaints arose from that situation, and instead of purgatives, he only recommended nervous medicines; these I rather think only aggravated my sufferings, and my health continued in the same state till my confinement, which took place in July, 1813. I had (compared with former ones) a very easy labour, and had no reason to think that my health or strength were more impaired than on similar occasions. But long before the expiration of the first month, all my old sensations returned in as great a degree as ever; and in spite of the remonstrances of my apothecary and nurse, I persisted in taking what they considered a very injurious quantity of opening medicine; principally castor oil, calomel, and colocynth. I found, however, that instead of becoming weaker, my strength certainly improved, and although I still suffered extremely, I had short intervals of ease, which I had never experienced during the two preceding years. Whilst I continued this course of medicine, an amazing quantity of slime was constantly brought away, and the pain at the bottom of my back, from which I had always suffered so much, entirely dis-

appeared, and was succeeded by another kind of pain, still lower down in the back, rather less wearing than the former one, and more similar to that occasioned by weakness.

“From this time, I had seldom recourse to any opening medicine, except some pills composed of calomel, extract of colocynth, and rhubarb, which I never omitted, at least once a week, and very often took them twice or three times within that period. I also tried different tonics, such as vitriolic acid, columbo and ginger and went to the seaside for the benefit of bathing, but I had no reason to think that I derived any advantage from it. The beginning of the year 1814, my health was considerably better, and my nerves in a much less irritable state than they had been for a long time ; I became fatter, and my complexion regained a greater degree of clearness, but the pain in my back was still incessant, and I was seldom a single day without experiencing some of my former distressing sensations. In April 1814, I went to London, and although my mode of life during the three months I remained there, was not very regular, I had reason to think my general health still continued gradually mending. Sir ———, whom I occasionally consulted at this time, did not seem to disapprove of the great quantity of medicine I was in

the habit of taking. The pain in my back being the most distressing of all my sensations, he directed his attention particularly to that, and after ascertaining by examination* there was no local disease of any kind, he seemed decidedly of opinion that there was something wrong in the digestive organs. Except the usual tonics, he did not suggest any thing that was likely to remedy this, I therefore returned to my usual pills, and the use of columbo and ginger. From London I went to Sidmouth, where I again tried sea-bathing, but was soon obliged to discontinue it, as I found it to disagree with me in a decided manner."

From the latter end of 1814, Mrs. B—— had discontinued to make minutes of her complaint; she, however, had consulted other medical gentlemen after that time, but with similar disappointments.

In the spring of 1816, she was advised to take a voyage to India; but previous to the undertaking, she was desirous of obtaining the opinion of an eminent physician of this city,† who, after great attention to the case, suspected there was a stricture in the rectum; in

* The uterus only was examined:

† Where she arrived in May, and remained until the month of July following.

consequence of which I was requested to examine the part. So far as the finger could reach, the intestine had a healthy feel, but on introducing a bougie, two strictures were discovered, the first about three inches above the anus, and the second between four and five inches higher. This discovery of a disease not hitherto suspected, induced Mrs. B—— to relinquish her intended voyage to India, and she remained in Bath for the purpose of having the bougies regularly employed. She appeared to be very much emaciated, felt great languor and debility; complained of considerable uneasiness in the course of the transverse arch and sigmoid flexure of the colon; and also of a sense of weight after taking her food, especially if the ordinary quantity happened to be exceeded. The state of the bowels continued nearly the same, as described by the patient herself. She was ordered a light diet, and only to take a small quantity at a time. A gentle regular action of the bowels was kept up, chiefly with small doses of castor oil; by this means repeated accumulation of fæces in the colon were prevented; an object of great importance in the treatment of strictures in the rectum. A bougie was daily introduced, and though the passage at first only admitted a very small size; in the course of six weeks the largest passed without any difficulty, and the patient was able to manage

it herself extremely well. After the bougie had been employed for a short time, Mrs. B——'s amendment was very obvious, as she began to recover her strength and spirits, the uneasiness and sense of weight in the colon gradually went off, and also the pain in the back, which she had particularly noticed; so that she was able to take long walks without any sensible inconvenience; and sometimes she would jocosely say, she did not think that she could find a symptom to inform the doctor of, to whom, no doubt she felt grateful, for having not only discovered her complaint, but also for the great benefit she had derived from the plan that had been adopted.

CASE XXII.

I received the following very satisfactory letter from a gentleman, shortly after he had been under my care, in consequence of a stricture in the rectum, and who had derived considerable benefit from the use of the bougie.

“ DEAR SIR,

“ BY having thus long delayed my report of myself after my departure from Bath, that report, when made, is more to be depended on than if I

had sent it at an earlier period ; and thus, while I have consulted my own convenience, I hope I have acted in a manner most likely to be serviceable to your credit. I have now the pleasure to inform you, that I have persevered regularly in the use of the bougies, until within the last ten days, when I have in some degree intermitted them, in consequence of having been ailing with a cold and rheumatism ; but having within the last two days tried a new one, I have had the satisfaction to find that its introduction was attended with no sort of pain or difficulty. I now propose to use them twice or thrice a week, regularly, for some time longer.

“ As to my case, of which I promised you an account, I have not much to say on the subject. I was thirty-nine years of age when you first saw me in the end of October, 1816, and I had been twenty-one years in India. I had then been three years in England for the benefit of my health, which had much declined for the last ten or twelve years. The predominant symptoms of my ailments, comprehended every thing that can be supposed to arise from a disordered state of the bowels ; viz. a constant, uneasy sensation in the colon,—distention, flatulence, frequent acute head-aches, an extraordinary secretion of mucus, costiveness, &c. &c. For these various symptoms, different prescriptions were

given by several physicians to whom I applied from time to time, but they were of no avail. At last, by the advice of Dr. — I agreed to undergo an examination by you, when as you know a stricture was discovered in the rectum, a cause of ailment, which, until that moment, I am convinced, had never been thought of, and which, I am equally convinced, operated to produce the greatest part of all my sufferings. From having used the bougie for less than three months, every symptom which I have mentioned has considerably abated, and many have almost altogether disappeared. In short, I entertain every hope of gradually recovering my health entirely, by a perseverance in your remedy, as far as its loss was occasioned by the existence of the stricture, and I have already said, that I think it was occasioned by that circumstance; which all the physicians had entirely overlooked, until I was desired by Dr. — to come to you.

“ I am, dear Sir,

“ Your’s very faithfully

—————.”

The gentleman sailed for India, a few weeks after he wrote the above.

CASE XXIII.

MR. H——, surgeon, fifty-two years of age, became subject to severe attacks of gout about twenty years ago ; and the recurrence of the paroxysms was so frequent, as ultimately to oblige him to relinquish his practice, which was very considerable in the country. About nine years ago he plunged into the sea during a fit of the gout, since which period he has never had any regular return of the disorder ; but very soon afterwards, he was seized with very severe pain in the bowels, and a sense of burning heat, particularly about the fundus of the bladder, attended with the piles. During the former attacks of the gout, he had been much affected with wind, which not only now became more troublesome, but he likewise found a great difficulty in its passing downwards. His bowels were more constipated, and he also experienced a difficulty in passing his stools, which became scanty, irregularly formed, and for the most part loose, and sometimes accompanied by a discharge of bloody mucus. He had more pain when the motions were loose than when they came away in a more solid form. Very often when he attempted to assist the expulsion of the fæces, he felt a retrograde motion

of the intestine, and the effort proved ineffectual. He had for a long time experienced an increase of pain, on the fæces passing a particular part, some way up the rectum, which generally happened two or three hours before he had an evacuation; and this was commonly discharged in a sudden manner. He could seldom retain more than four ounces of urine in the bladder, without occasioning considerable uneasiness, and a hasty desire to discharge it. The pain in the bowels was always worse in bed, and he was only able to lie on one side. From the violence of the pain, he had been under the necessity of taking opium in very large doses, for a long time; and latterly he had not taken less than an ounce of solid opium in the course of the week.

A few months ago, Mr. H. cursorily mentioned his case to a surgeon of this city, who advised him to consult me, from the suspicion that there might be a stricture in the rectum. On examination a stricture was discovered, between five and six inches from the anus, exactly at the point, where he had found the fæces give him pain in their descent to the lower portion of the gut. After employing the bougie regularly for some time, he felt himself much better—the wind passed more freely downwards—the stools were discharged in a more natural manner—and the bowels

required less aperient medicine. He could lie on either side, and retain as much as a pint of water in the bladder, without producing pain as formerly. In short, he became so free from pain, that he would not have had any longer occasion to continue the use of opium, but for the circumstance of his being so wretchedly nervous when he left it off. He however lessened the quantity to half.

CASE XXIV.

I received the following statement some time before the patient came under my care. It was written by his son, dated Nov. 17, 1817.

“ SIR,

“ I HAVE collected the following particulars from my father and those who have waited upon him, which I take the liberty of stating to you, and request your opinion upon them as early as you can conveniently write.

“ The first sensible symptoms that appeared, took place about a fortnight before my father found himself obliged to confine himself at home. These were heat

after walking, and after much walking, pain—which for a few days generally subsided in an hour; these symptoms however increased, and the voiding of the stools was followed by considerable anguish and increased heat, till on September 3d he was incapable of going out. Piles were suspected, and the ordinary treatment adopted without success, indeed, I think his complaint was aggravated by it. His sufferings became excruciating. He had been inspected by a surgeon, who pronounced, I believe, in the first instance, the formation of matter; but subsequently on my enquiring of him what he considered my father's complaint to be, said he feared a scirrhus tumour. He is still under the same surgeon's care, who enjoins nothing but injecting and guarding against costiveness. My father certainly does not suffer so much as at the first, but upon every evacuation by stool, or passing of wind, most acute pain is produced, which sometimes lasts one or two hours, particularly when a stool has been passed. Sometimes he has two or three stools a day, with, perhaps, as many mistaken calls, generally very relaxed, and always voided with sudden violence, so as with all care, not to be able always to confine them to the utensil, but discharged against the top. Whenever they become figured, which is very rarely, they pass in the form of

very narrow tape, and adhere to the back of the utensil in a plaited pile. Matter has once been seen. Gravel passes with the urine mixed with mucus. A very frequent sensation of distention in the belly with the feeling after every stool of not having voided all the fæces, occasional gripings at the pit of the stomach, at passing a stool, something which my father describes as resembling a lip,* protrudes on one side of the anus. My father's age is 70-71—has been all his life subject to very relaxed bowels—for more than thirty years invariably vomited his breakfast, and often his dinner. This ceased almost entirely twenty years ago, when he was attacked, in all appearance, in a way similar to the present; but rapidly recovered after having one day voided a stool, so powerfully offensive to the smell, as nearly to cause his fainting away.

“ I should also mention, that the passage is, and *ever has been since my father can remember*, remarkably narrow, so much so, that when he passed a figured stool, and was able to see by having used the night-table, it never seemed larger than the finger of a little child. He has led a very active and indeed laborious life—but regular and temperate in all his habits—

* This was merely a small fleshy excrescence.

and I should consider, yet as possessing much vigour of constitution for his age.

“ I am, Sir,

“ Very truly your’s

—————.”

In answer to the preceding statement, I informed the gentleman it was impossible to give a decided opinion in such a case, notwithstanding his very accurate description of the symptoms; for, though it was evident the passage must be in a very contracted state, yet the nature of it could only be ascertained by manual examination. The friends were anxious he should put himself under my care, but, from the history of the case, I gave them very little encouragement to hope I could render him any service. However as soon as he felt himself able, he undertook a journey from London to Bath, where he arrived in the beginning of January, 1818. Although he had been relieved from the acute symptoms, induced by inflammation supervening, yet he continued to experience a great deal of pain at every evacuation, and the inclination to go to stool was so sudden and frequent, that he was afraid to go out of the house, and passed the greatest part of the day in the most uncomfortable manner, constantly feeling as if

something remained, which it was not in his power to discharge. He also complained of great pain and heat about the anus, and a sense of fulness in the bowels, with a considerable difficulty in passing wind downwards. His general health and appetite were good.

On examination, I found the sphincter ani contracted to such a degree as to render the introduction of the finger impracticable : however, with some difficulty and exquisite pain to the patient, a small bougie was passed into the rectum ; and between five and six inches from the anus a stricture was discovered. On his making an effort, as if going to stool, a superficial fissure was observed at the back part of the anus, which appeared to be nothing more than the skin having given way from the violent straining at the part. The use of the bougie was proposed as the most likely means of affording relief, but I confess there was very little expectation that the patient would have submitted to its repeated introduction, from the torture it occasioned in passing through the sphincter the first time. However, the success which I had met with on similar occasions, enabled me to encourage him to persevere, and in the course of nine weeks, the passage admitted a large bougie ; and the sphincter became so much relaxed, as to allow the finger to pass very readily into the rectum, which had

a healthy feel as far as the finger could reach. No enlargement of the prostrate gland was discoverable, although such a disease had been apprehended by the surgeon who had been formerly consulted. He, however, had not examined the part, in consequence of its being impracticable, at that time, to introduce the finger into the rectum.

With the assistance of only a tea-spoonful of castor oil, taken daily, one or two evacuations were procured in the course of the morning, which became gradually more copious, and were discharged in a more natural and regular manner, so that in the course of a short time, his motions were attended with very little pain or difficulty, and ultimately none at all. The tenesmus also, under which the patient had so long suffered, entirely ceased.

As soon as the patient could properly manage the bougie himself, he returned home in a very comfortable state, to the great consolation of his friends; who had not calculated on his receiving so much benefit, particularly at his advanced period of life. He was requested to persevere in the occasional use of the bougie. I have twice heard of him since he left Bath, and the accounts both times were very satisfactory.

CASE XXV.

The following statement was written by the patient, an unmarried lady,
between forty and fifty years of age.

“ ABOUT twelve years ago I was seized with an inflammation of the bowels, occasioned by eating part of a fruit pie, and in consequence of partaking of which, a gentleman of the party soon after died. I was attended by Mr. ——— apothecary, but on my continuing extremely ill, he advised my consulting Dr. ———, who said I had an inflammation of the intestines, and prescribed a variety of oily and opening medicines; but the bowels continued much confined, and the motions which were sometimes figured not larger than a quill. I was under his care about four months, but not deriving any benefit, I then had recourse to Dr. ———, who treated my complaint as obstructed bile, and relieved me very much by continued doses of calomel while under its influence, but produced no lasting benefit. After this, he prescribed steel in various ways, which disagreed exceedingly. I then went to the seaside for several months, continuing to take Dr. ———’s opening medicines, composed of jalap and calomel, without which the bowels never acted. On removing to Woodford in Essex, I

consulted Mr. ——— apothecary, who ordered a blister for a violent pain in the left side of the bowels, and gave strengthening medicines, which produced considerable fever. I continued much indisposed for many months, when an attack of the scarlet fever occasioned my consulting Dr. ———, who, on my recovery from that complaint, endeavoured to remove the obstruction of the bowels, but without success. I then went to Southampton, where I scarcely passed two months without experiencing a severe attack of fever, evidently occasioned by accumulation in the bowels. These attacks were always preceded by dryness of the mouth, and almost entire loss of voice. I was then attended by Mr. ——— apothecary, who considered my complaint to be occasioned by enlargement of the liver. These symptoms continued about two years, when I applied to Dr. ———, who, attributed them to weakness, and prescribed such heating medicines, that an attack more violent than I had ever experienced soon followed, and I was bled three days successively. I then returned to London, continuing to suffer much from accumulation, from time to time for two years, during which I never enjoyed any ease excepting while under the influence of very active medicines. During the winter I was seized by a most distressing cough, accompanied by a burning

heat in my chest, for which, I consulted Dr. ———, who treated it as the effect of cold, and after endeavouring for several weeks to subdue it by perspiration, pronounced my lungs to be diseased, and recommended the air of Devonshire. I had then a consultation between him and Dr. ———, who was of the same opinion, but a very short time after I was convinced they were both perfectly mistaken, as these formidable symptoms gradually subsided as the bowels were relieved. Change of air being still recommended I went to Clifton, where, having reason to apprehend the approach of another attack, I consulted Dr. ———, who, after some weeks attendance pronounced my disease to be gall stones. Under this impression he prescribed both medicines and diet, which my sensations told me could not be proper; indeed my strength rapidly declined, while it was evident the complaint did not yield. I then returned to London, and was advised to apply to Dr. ———, but several active medicines having failed of producing the effect expected, he appeared to think the case unworthy his attention; and I was then under the care of Dr. ——— for nearly eighteen months, eleven of which, I was confined to the house. The obstruction was now more obstinate than ever, which occasioned my taking large doses of calomel repeatedly, and castor oil every day

for several weeks together. As these and many other powerful cathartics afforded only temporary relief, I was salivated by way of experiment, but to my great disappointment, after suffering five weeks with this most distressing remedy, which was unusually severe; I found the obstruction as obstinate as ever. As Dr. ——— was still at a loss to account for it, but thought it might proceed from a tumour, my friends wished to have the opinion of Mr. ———, who, accordingly met Dr. ———, but their examination did not lead to a discovery of the complaint. Mr. ——— advised a constant change of medicine, and thought Cheltenham might be beneficial. The following winter my cough returned with great violence, accompanied by the usual symptoms, and a considerable enlargement of the bowels, which rendered the least degree of exercise exceedingly inconvenient, and the pain in the left side at times very distressing. At this period I consulted Dr. ———, who being unable to clear the bowels by other means, gave me frequent doses of calomel, which unintentionally caused a second salivation. About six months after this, when in Bristol, symptoms of a fresh attack appearing, I was advised to call in Dr. ———, who considered the obstruction dangerous, as the powerful medicine he gave caused me to vomit violently, instead of acting on the bowels; on

having recourse however to calomel and castor oil, I was again relieved for about three months, when experiencing new symptoms, I was advised to apply to Mr. ———, who, upon examination, discovered two strictures, which he thought were the sole cause of obstruction. At this time I suffered much in passing motions, and also a tightness across the bowels, which was so distressing that I frequently felt a desire to be cut open. As long as bougies were constantly introduced I obtained relief, but not being able to persevere in the application of them, owing to mismanagement* an obstruction took place, which was attended with more alarming symptoms than I had ever experienced. I was now under the care of Dr. ———, who considered frequent bleedings necessary to subdue the fever. During this last attack I suffered much from sickness, and fainted frequently; my head also was more affected than I ever remember it, indeed the violence of every symptom was considerably augmented.”

* What the patient meant by mismanagement was, that as she had been directed by the practitioner, who had discovered the complaint, to use the bougies herself, she was afraid she had produced some mischief by its indiscriminate application, as she experienced an aggravation of the symptoms of her disorder. It is certainly very improper to trust the management of such cases to the patient, where so much judgment and attention are necessary.

By the advice of the last physician whom the lady consulted, she came to Bath and put herself under my care. On examination I found two strictures; the first between three or four inches up the rectum, and the other about seven inches, which admitted only a very small bougie to pass, and its introduction produced great pain. There was also a tendency to spasmodic constriction at the sphincter ani, and a small hæmorrhoidal excrescence about the verge of the anus. Although the patient had had one or more evacuations daily, (by the help of medicine) yet, I suspected there was an accumulation in the bowels, and therefore directed some castor oil to be taken several successive days, which brought away each morning a great quantity of fæces. After the bowels were unloaded, I began using the bougie, which was regularly persevered in until the passage admitted a large size, when the patient felt sensibly relieved. Her bowels became more regular, not having occasion to take an aperient oftener than once a week; and a tea-spoonful of castor oil proved sufficient; which evidently shewed the great advantage that had been obtained by the use of the bougie. She took four grains of extr. hyoscyami: and two grains of pil. hydrarg every night, which tended to keep the bowels open, by increasing the secretion of bile. In the course of eight

weeks the lady returned home in a very comfortable state. She was requested to continue the use of the bougie, which her sister could manage very well. Several months after the patient left Bath, I was requested to visit her at some distance where she resided. She complained of great difficulty in procuring evacuations, and in passing the bougie; and also of considerable pain about the region of the uterus, sometimes attended by an offensive discharge. The catamenia continued regular, though accompanied with increase of pain. On examination, I found the rectum much more contracted than when I last saw the patient; but on further investigation, this appeared to arise chiefly from the uterus, which had become enlarged, indurated, and painful to the touch; and its fundus particularly compressing the intestine. In this state of active uterine disease, it was improper to continue the bougie—of course it became necessary to direct the attention chiefly to the diseased state of the uterus. This was an unfortunate occurrence, because there was every reason to hope the strictures would have been overcome, as the patient had derived so much benefit from the bougie.

FINIS.

THE MANNER OF MAKING THE BOUGIES.

℞ ceræ flavæ ℥ i $\frac{1}{4}$

Adep. suillæ prepar. ℥ iv. m. ft. cerat.

N.—In the winter, one part of wax will be sufficient to four of lard.

A long piece of lint, folded and tied at one end, is to be dipped in this ointment, and drawn through a wooden mould; when cold, it must be passed through another mould of less diameter; then to be re-dipped and passed a third time.

It is necessary to employ several moulds for the purpose of making different sized bougies.

EXPLANATION OF PLATE I.

FOR CASE XII.

- A....Shews the natural curve of the intestine, where it loses the name of sigmoid flexure of the colon, and takes the name of rectum.
- B....The stricture.
- C.....The intestine turned back in order to shew the process like appearance of the inner membrane—D.
- E.....The internal surface of the rectum.

PLATE 1.

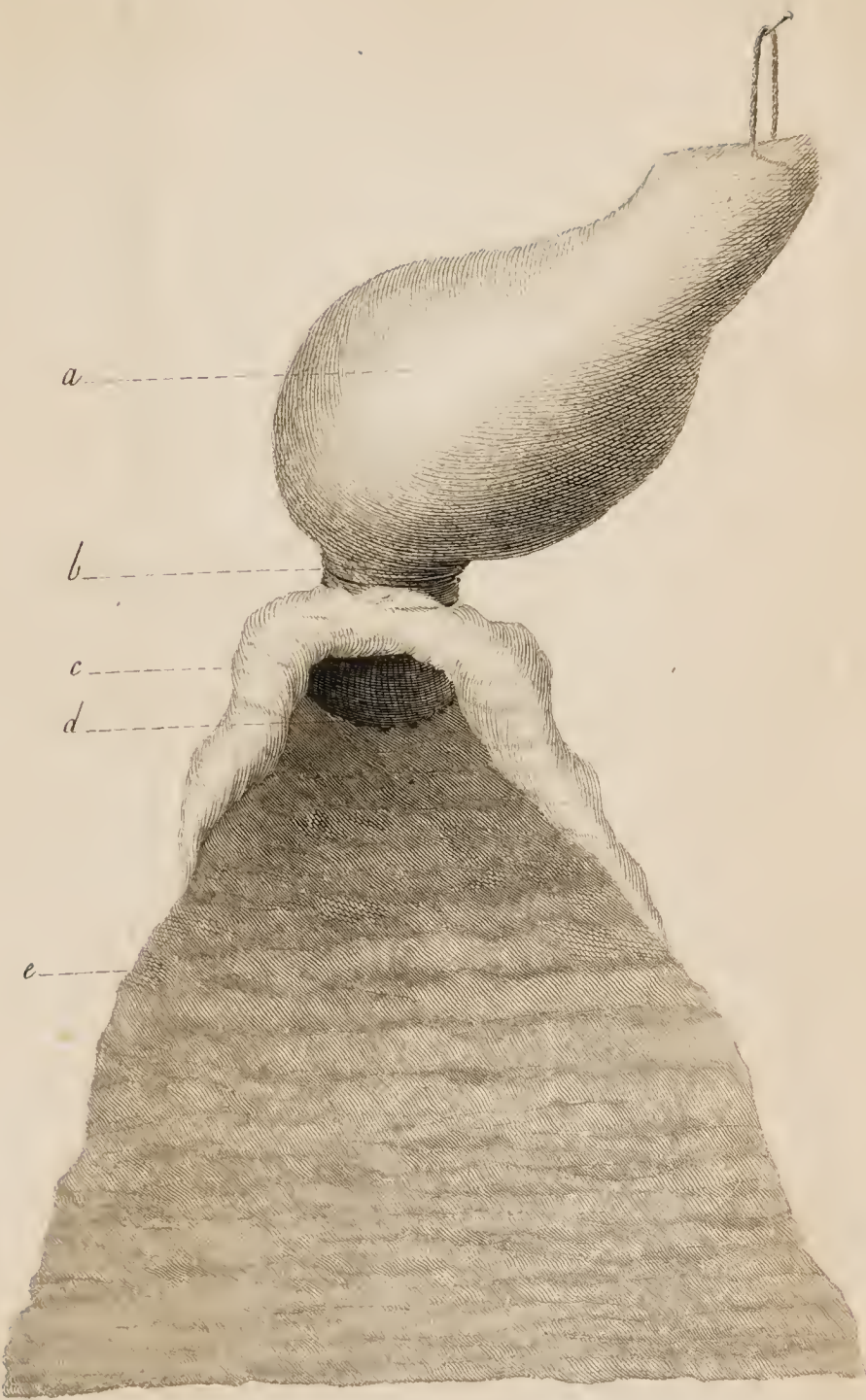


Fig. 1.



Fig. 2.



EXPLANATION OF PLATE II.

CASE XX.—FIG. I.

An Interior View of a Portion of the Colon and Rectum.

- A....The lower portion of the colon cut transversely, shewing its internal surface.
- B....The external surface of the rectum.
- C C C C C C C C C C....The fatty appendages of the colon and rectum.
- D....The external surface of the colon.
- E....The constricted part of the rectum, where there is a cluster of small tubercles or excrescences.—There appeared marks of considerable inflammation about this part.—Above and below the stricture, the intestine was drawn into rather large longitudinal folds, which were gradually lost upon the more healthy parts.
- F F....Loose portions of the peritonæum, given off from the lateral parts of the rectum.

FIG. II.

The Portion of the Colon and Rectum laid open posteriorly.

- A....The internal surface of the colon.
- B....The internal surface of the rectum.
- C ...The constricted portion of the rectum obstructed by small tubercles, or excrescences; above and below which, the intestine is thrown into folds; below the stricture are numerous plicæ composed of the villous coat, ramifying downward, and gradually terminating on the surface.
- D D....Portions of the peritonæum, lying loose on each side.
- E....The morbidly contracted and thickened state of the intestine, constituting the stricture.

